No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

State File No. 42430

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5-464 Registrar's No. 103

**1. PLACE OF DEATH**
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverside
c. LENGTH OF STAY (in this place): 39 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkwood Addn RT 4 Parkville

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Platte
c. CITY OR TOWN: Riverside
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Parkwood Addn RT 4 Parkville

**3. NAME OF DECEASED** (Type or Print): a. (First) MARY b. (Middle) V c. (Last) BAYNE

**4. DATE OF DEATH** (Month) (Day) (Year): DEC. 24, 1956

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: OCT 18, 1890

**9. AGE** (In years last birthday): ~~66~~ 66 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Machine OPR.

**10b. KIND OF BUSINESS OR INDUSTRY**: Mary Dean Garment Co

**11. BIRTHPLACE** (City and State or Foreign Country): Iowa

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Peter A Unruh

**13b. MOTHER'S MAIDEN NAME**: Mary Bullard

**14. NAME OF HUSBAND OR WIFE**: Herbert E Bayne

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: 495-20-7414

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Herbert E Bayne RT 4 Parkville

**18. CAUSE OF DEATH**

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

331X

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* _____ *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* APPROX 11:30 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Roland M. Giffee Coroner

**23b. ADDRESS**: Platte City, Mo.

**23c. DATE SIGNED**: 12-24-1956

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 12-27-56

**24c. NAME OF CEMETERY OR CREMATORY**: East Slope Cem

**24d. LOCATION** (City, town, or county) (State): Platte County Mo

**DATE REC'D BY LOCAL REG.**: Dec 26th 56

**REGISTRAR'S SIGNATURE**: Alpha Rollins

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: D.W. Newcomer Sons N.K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)


JAN 29 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.