Health, & Welfare Public h Service

S. 300. . 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13935

FILED APR 22 1957 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) HANNIBAL — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST ELIZABETH HOSPT — Length of stay in 1b 2 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MONROE
c. CITY OR TOWN MONROE CITY 0690 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 209 East LAWN ST — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First IDA — Middle MAY — Last FORD
4. DATE OF DEATH: Month APRIL — Day 4 — Year 1957
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: APRIL 3.1870
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months — Days 1 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): SHELBY CO MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL BAYNUM
14. MOTHER'S MAIDEN NAME: MARY FRANCIS BUSH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Cohar Ford — Address: RFD-1 Monroe City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of sigmoid colon. — 5 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Anemia 153X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE
21. I attended the deceased from April 2, 1957 to April 4, 1957 and last saw her/him alive on 4/4/57.
Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert J. Lanning (Degree or title) MD
22b. ADDRESS: Hannibal, Mo.
22c. DATE SIGNED: 4/6/57.
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-6-57
23c. NAME OF CEMETERY OR CREMATORY: HOLY ROSARY CEMETERY
23d. LOCATION (City, town, or county) (State): MONROE CITY, MO
24. FUNERAL DIRECTOR: Wilson & Son — ADDRESS: Monroe City Mo
25. DATE RECD. BY LOCAL REG.: 4-9-57
26. REGISTRAR'S SIGNATURE: By Dr E.M. Lucke W.E. Fisher

89-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 18 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.