

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28089
STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1411 MAIN ST.		d. STREET ADDRESS (If outside, give location) 1411 MAIN ST.	
Length of stay in 1b 2 years.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Viola R. Bayne			4. DATE OF DEATH Month Day Year Aug 3 1957			
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 1, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker.	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Gallatin, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Miles Robertson	13b. MOTHER'S MAIDEN NAME MARY ANN	14. NAME OF HUSBAND OR WIFE John Bayne (Jr.)
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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. -	17. INFORMANT Address Jeanette Dix Monroe Mich.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **April 1-57** to **Aug 3-57** and last saw her alive on **July 30-57**
Death occurred at **12 a** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death of) E.A. Duffy M.D.	22b. ADDRESS Trenton Mo	22c. DATE SIGNED Aug 6 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 6 1957	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) Trenton Mo.
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24. FUNERAL DIRECTOR Jordan Blackman	ADDRESS Trenton, Mo.	25. DATE RECD. BY LOCAL REG. 8-6-57	26. REGISTRAR'S SIGNATURE Dorene Jar
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

E.A. Duffy.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by; Student Embalmer No:
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Claud H Cranda*

Licensed Embalmer No. *4986*
P. O. Address *Trenton*

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