

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028036

FILED VS SEP 4 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 174

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b yrs		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 12 Quantico Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lena Middle Baysinger Last Baysinger				4. DATE OF DEATH Month Aug. Day 29 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1904	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 54 Days 54		IF UNDER 24 HR Hours 54 Min. 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Miller County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Boone Shadwick			13b. MOTHER'S MAIDEN NAME Minnie Scott		14. NAME OF HUSBAND OR WIFE C. C. Baysinger		
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. 492-12-7710		17. INFORMANT Mr. C. C. Baysinger Mexico, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Primary carcinoma of cervix DUE TO (c) 2 years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 2MO.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 10:30 a.m. 10:30 p.m.		Month, Day, Year Mar. 18, 1958		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	
21. I attended the deceased from Mar. 18, 1958 to Aug 28, 1959 and last saw her live on Aug 28, 1959 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William H. Janczy		(Degree or title)		22b. ADDRESS 1120 Clark Ave. E. Mo		22c. DATE SIGNED 8.24.59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-1-1959		23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park		23d. LOCATION (City, town, or county) (State) Mexico, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 31-1959		26. REGISTRAR'S SIGNATURE Blanche Keely	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ray Miller

Licensed Embalmer No. 4492

P. O. Address Mexico

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.