

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029875

FILED VS SEP 14 1959

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 88

STATE FILE NUMBER

NDED

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

3. NAME OF DECEASED (Type or print) First <b>ADA</b> Middle <b>BAYNE</b> Last <b>BAYNE</b>			4. DATE OF DEATH Month <b>8</b> Day <b>13</b> Year <b>1959</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-10-1905</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b> Hours <b></b> Min. <b></b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JAME</b>		11. BIRTHPLACE (City and state or country) <b>Pineville Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>SPENCER King</b>		13b. MOTHER'S MARDEN NAME <b>hois PRATER</b>		14. NAME OF HUSBAND OR WIFE <b>Cecih Bayne</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Cecih Bayne Pineville Mo</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <b>4-6 yrs.</b>
IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma</b>			
DUE TO (b) <b>Ca of Breast</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) <b>Possibly Myocardial Infarction</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <b></b> a.m. <b></b> p.m. <b></b>	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	

21. I attended the deceased from **Aug 11, 1959** to **Aug 13, 1959** and last saw ~~her~~ **him** alive on **Aug 12, 1959**  
Death occurred at **545 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Clay E. Kenney M.D.</b>		22b. ADDRESS <b>State Hospital Neosho, Mo</b>		22c. DATE SIGNED <b>9/5/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-16-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pineville Cem.</b>	23d. LOCATION (City, town, or county) <b>Pineville</b>	(State) <b>Mo</b>

24. FUNERAL DIRECTOR <b>Humphrey &amp; Son S. H. H. H.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 5, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bruman, M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *J. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address. Noel, Mo.

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.