

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022016

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 261

Primary Registration District No. 8048

Registrar's No. 113

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Gaynor</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Gaynor</b>	
3. NAME OF DECEASED (Type or print) <b>Harvey Scott Bainum</b>		4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>61</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>		11. BIRTHPLACE (City and state or country) <b>Kingman county</b>	
13a. FATHER'S NAME <b>Thomas Bainum</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Woodford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Fletcher Bainum</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>Chr Coronary Insufficiency</b> DUE TO (c) <b>54yr</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>3 a.m.</b> Month, Day, Year <b>6/11/61</b>		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 <b>Gaynor</b>	
21. I attended the deceased from <b>5/7/61</b> to <b>6/11/61</b> and last saw her alive on <b>6/10/61</b> Death occurred at <b>3 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Price</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>June 13, 61</b>		23b. DATE <b>June 13, 61</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Gaynor Cemetery</b>		23d. LOCATION (City, town, or county) <b>Gaynor, Mo.</b>	
24. FUNERAL DIRECTOR <b>Price Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6/11/61</b>	
26. REGISTRAR'S SIGNATURE <b>Bess / Bull</b>		27. DATE SIGNED <b>6/14/61</b>	

(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 me,  
or by *W. Mervick*, Student Embalmer No. 632

working under my personal supervision.

Student *W. Mervick*  
Signature of Student Embalmer

Signed *Curtis E. Kemley*

Licensed Embalmer No. 4936

P. O. Address *Waverly*

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.