

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

112 -61-037837
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 112

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neeshe		Length of stay in 1b 1 Week	c. CITY OR TOWN Pineville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Pineville

3. NAME OF DECEASED (Type or print) First Elsie Middle May Last Bayne			4. DATE OF DEATH Month 10 - Day 4 - Year 1961		
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 2-2-1881	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Jane, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Abb Ross		13b. MOTHER'S MAIDEN NAME Margaret Snead		14. NAME OF HUSBAND OR WIFE Deceased	
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. NONE	17. INFORMANT Address Mrs. Ronald Rains, Pineville, 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) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown	
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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 7:52 a.m. Month, Day, Year 10-4-61		

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 Centerton COUNTY Arkansas STATE
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21. I attended the deceased from **9-1-61** to **10-4-61** and last saw her alive on **10-4-61**
Death occurred at **7:52** **A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Blankenship M.D.	22b. ADDRESS	22c. DATE SIGNED 10-7-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-7-61	23c. NAME OF CEMETERY OR CREMATORY Centerton	23d. LOCATION (City, town, or county) Centerton, Arkansas (State)
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24. FUNERAL DIRECTOR ADDRESS Humphrey Funeral Home, Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 10-7-61	26. REGISTRAR'S SIGNATURE Harold Walker M.D.
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Mayne E. Humphreys

Licensed Embalmer No. 4262

P.O. Address Parisville

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.