

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045621

STATE FILE NUMBER

AMENDED

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 38

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELDON		c. CITY OR TOWN ELDON	
Length of stay in lb 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 502-W-Newton		d. STREET ADDRESS (If outside, give location) 502-W-Newton	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Kenneth Gene Baysinger		4. DATE OF DEATH Month Day Year Dec 17 1961	
5. SEX MALE	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 30 Aug-1925
9. AGE (last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechev. c-		10b. KIND OF BUSINESS OR INDUSTRY Garage	
11. BIRTHPLACE (City and state or country) KANSAS-City-Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME OSCAR Baysinger		13b. MOTHER'S MAIDEN NAME UDORA-Taylor	
14. NAME OF HUSBAND OR WIFE ALMA-Baysinger		Address ELDON-Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-26-9134	
17. INFORMANT ALMA-Baysinger		Address ELDON-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) Medullary Failure DUE TO (b) Skull Fracture and Brain Injury DUE TO (c) 22 Caliber Bullet Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 min. " " " "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental Illness		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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Bullet entered Skull through left Temporal Bone	
20c. TIME OF INJURY Hour 7:00 p.m. Month, Day, Year 12-17-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Father's home		20f. CITY, TOWN, OR LOCATION Eldon, Miller Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 7:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. S. Humphreys D.O. Coroner		22b. ADDRESS Tuscumbia-Mo	
22c. DATE SIGNED 19 Dec-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 20 Dec-1961	23c. NAME OF CEMETERY OR CREMATORY Green-Ridge-	23d. LOCATION (City, town, or county) (State) Miller-Co-Mo
24. FUNERAL DIRECTOR Keith M. Kays		25. DATE RECD. BY LOCAL REG. Dec. 20, 1961	
ADDRESS ELDON-Mo		26. REGISTRAR'S SIGNATURE Adrian W. Dalt	

(Licensed Embalmer's Statement on Reverse Side)

2451 2 MAR SA

FEB 13 1962

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon M

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.