

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034336

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1325

FILED SEP 17 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>   |   | c. CITY OR TOWN <b>SPRINGFIELD</b>  |   |
| Length of stay in 1b<br><b>25 YEARS</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>HANDLEY MEMORIAL HOSP.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>1214 W. CHASE</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>CYNTHIA V. BAINES</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>SEPT. 1, 1962</b>  |   |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/4/75</b>   |
| 9. AGE (last birthday)<br><b>87</b>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOME</b>  | 11. BIRTHPLACE (City and state or country)<br><b>HARRISON, ARK.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>JOHN RAYNOR</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>SARAH PETTIT</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>EDGAR P. BAINES</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>   |   |
| 17. INFORMANT<br><b>NELLIE COINER; 1214 W. CHASE</b>  |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebro-vascular Disease</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m. 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 <u>8/31/62</u> to <u>9/1</u> and last saw her <u>9/1/62</u> alive on <u>9/1/62</u>   |   | Death occurred at <u>4:40</u> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.                                      |   |
| 22a. SIGNATURE<br><i>Lyman D. Brown M.D.</i> (Degree or title)  |   | 22b. ADDRESS<br><b>311 1/2 College<br/>SPRINGFIELD, MO.</b>   | 22c. DATE SIGNED<br><b>9/8/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>9/5/62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>MAPLE PARK CEMETERY</b>  | 23d. LOCATION (City, town, or county)<br><b>SPRINGFIELD, MO.</b> (State)  |
| 24. FUNERAL DIRECTOR<br><b>AYRE-GOODWIN</b> ADDRESS <b>SPRINGFIELD, MO.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-12-62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Effie S. Druelton</i>   |

USE BLACK INK OR TYPEWRITER RIBBON

SEP 27 1962

Permit 9-5-62

**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 *Albert H. [Signature]*  
Licensed Embalmer No. 5156

P. O. Address Springfield, 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.