

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43250**

FILED DEC 20 1950

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. **99**

950

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY Ste Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp		c. LENGTH OF STAY (in this place) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kinsey, Mo.		d. STREET ADDRESS (If rural, give location) 0950 Kinsey, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Anna c. (Last) Bayer			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 23, 1887
9. AGE (In years last birthday) 63		10. MONTHS 3	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Festus, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Daniels	
13b. MOTHER'S MAIDEN NAME Catherine Steins		14. NAME OF HUSBAND OR WIFE Louis V. Bayer	
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. -----	
17. INFORMANT'S SIGNATURE OR NAME Louis Bayer		ADDRESS Kinsey, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus ANTECEDENT CAUSES Aforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.	
INTERVAL BETWEEN ONSET AND DEATH 1 year		10 yrs	
19a. DATE OF OPERATION Sept. 1950	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 174x	
22. I hereby certify that I attended the deceased from Nov 18, 1950 , to Dec 14, 1950 , that I last saw the deceased alive on Dec 8, 1950 , and that death occurred at 12:25 AM , from the causes and on the date stated above.			
23a. SIGNATURE Louis Bayer (Degree or title) Chm. W.		23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED 12-17-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/18/50	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Crystal City, Mo.
DATE REC'D BY LOCAL REG. Dec. 18-50	REGISTRAR'S SIGNATURE Peresa M. Earl	25. FUNERAL DIRECTOR'S SIGNATURE Fink Funeral Parlor	ADDRESS Festus, Mo.

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 13 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Eleana Pounce

Signed.....
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Festus, 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 this body is not embalmed, fact should be so stated above.