S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1945

State File No. 31605

Registration District No. 354 Primary Registration District No. 6200 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Texas.

(b) City or town Rural Morris Tw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Morris Twp. near Bado Mo (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Steve T. Baney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April (Month) 10 (Day) 1888 (Year)

8. AGE: Years 57 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Bado. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Baney
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Freese
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Baney

(b) Address R#1 Mtn Grove Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Bado. Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool Mo.

19. (a) Sept 23-45 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 11 hour minute a M.

21. I hereby certify that I attended the deceased from Sept 3 1945 to Sept 20, 1945; that I last saw him alive on Sept 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Intercranial pressure due to

Due to Tumor (not classified)

Due to Brain.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 57A

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Grassle (M. D. or other)

Address Cabool, Mo Date signed 9/21/45

1239

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1045-5-29
Date Filed 10-13-45

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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.