

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1163
 BIRTH NO. 48-71751 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		c. LENGTH OF STAY (In this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Blue Valley Park</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Revey Hospital K.C.Mo.</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Ray</u> c. (Last) <u>Baysinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 1949</u>		
5. SEX <u>M O W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby single</u>	8. DATE OF BIRTH <u>11-16-49</u>	9. AGE (In years last birthday) <u>27</u> MONTHS <u>18</u> DAYS <u>18</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Mary's Hosp. K.C.Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Gerald Gray Baysinger</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Keeling Baysinger</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gerald Gray Baysinger K.C.Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gitoxyster disease of pancreas</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>587.2</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17-49, to 1-17-49, that I last saw the deceased alive on 1-17-49 and the death occurred at Revey Hospital m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.C.H. Schmidt</u>	23b. ADDRESS <u>Revey Hospital</u>	23c. DATE SIGNED <u>15 Jan 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>
	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	

DATE REC'D BY LOCAL REG. <u>1-17-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u>	ADDRESS <u>K.C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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
Student Embalmer

Signed.....

Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K. C. 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.