S. No. 300
V. 10.48

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

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7846

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 22 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: CLAY Platte Twp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville
c. LENGTH OF STAY (in this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE, RURAL 0240
d. STREET ADDRESS (If rural, give location): 4 Miles N.W. Smithville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): DICIE
b. (Middle): ELLEN
c. (Last): BAINBRIDGE

4. DATE OF DEATH (Month) MAR. (Day) 14, (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 2-23-1866
9. AGE (In years last birthday): 85 — If under 1 year: Months 0, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): CLAY CO. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES W. WALKER
13b. MOTHER'S MAIDEN NAME: JULIA A. SUITOR
14. NAME OF HUSBAND OR WIFE: DECEASED DARIUS P. BAINBRIDGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ####
17. INFORMANT'S SIGNATURE OR NAME: MRS. FRANK McGEE — ADDRESS: SMITHVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma Chest Wall — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fibrosarcoma on back

DUE TO (c) — 197X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Generalized Sarcoma abdomen - chest
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1940, *to* Mar 14, 1951, *that I last saw the deceased alive on* Mar 14, 1951, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE O. Shelman M.D. (Degree or title)
23b. ADDRESS Smithville
23c. DATE SIGNED 3/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-16-1951
24c. NAME OF CEMETERY OR CREMATORY: GOSS CEMETERY
24d. LOCATION (City, town, or county) (State): SMITHVILLE MO.

DATE REC'D BY LOCAL REG.: Mar 16-51
REGISTRAR'S SIGNATURE: Beulah Kitchen
25. FUNERAL DIRECTOR'S SIGNATURE: McCOMAS FUNERAL HOME — ADDRESS: SMITHVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
26 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.