

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4200

|  |  |   |   |  |  |  |   |
|--|--|---|---|--|--|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>4200</u>                            |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>   |  |   | c. LENGTH OF STAY (In this place)<br><u>32 yrs</u>  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>   |  |  | 3488  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>3724 Broadway</u>  |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <u>GEORGE</u>  |   | b. (Middle) <u>A.</u>  |  | c. (Last) <u>BYRNE</u>                                 |   |
| 4. DATE OF DEATH   |  | 5. SEX  |   | 6. COLOR OR RACE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) |   |
| <u>September 24, 1952</u>  |  | <u>M</u>  |   | <u>W</u>   |  | <u>Married</u>   |   |
| 8. DATE OF BIRTH   |  | 9. AGE (In years last birthday)   |   | 10. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)     |   |
| <u>May 26, 1888</u>  |  | <u>64</u>   |   | <u>motor cars</u>  |  | <u>Missouri</u>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and State or Foreign Country)   |  | 12. CITIZEN OF WHAT COUNTRY?                           |   |
| <u>Salesman</u>  |  | <u>motor cars</u>   |   | <u>Missouri</u>  |  | <u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>Alexis Byrne</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Cynthia Lingley</u> |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Helen Byrne</u>      |   |
| 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 ADDRESS  |  |  |   |
| <u>No</u>  |  | <u>495-01-0076</u>  |   | <u>Mrs. Helen Byrne, 3724 Broadway, KC Mo.</u>   |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Right Lung</u>  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mo</u>                                     |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |  |  |  | 1024  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |   |  |  |  |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)  |  | 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 <u>June 14, 1952</u> , to <u>Sept. 25, 1952</u> , that I last saw the deceased alive on <u>Sept 25, 1952</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above. |  |   |   |  |  |  |   |
| 23a. SIGNATURE (Degree or title)<br><u>M.G. Berry M.D.</u>   |  |   | 23b. ADDRESS<br><u>Plaza Med Bldg Kansas City</u>   |  |  | 23c. DATE SIGNED<br><u>Sept 26 '52</u>                 |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 24b. DATE<br><u>9/26/52</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Brunswick, Mo.</u>  |  | 24d. LOCATION (City, town, or county) (State)          |   |
| DATE REC'D BY LOCAL REG.<br><u>9-26-52</u>   |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>STINE &amp; McCLURE, Kansas City, Mo.</u> |  |   |

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

Dr. B. T. Bohan

Phonetic Miss Betty - Va. 2243

OCT 22 1952

APR 7 1954

Walton

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 J. D. Walton

Licensed Embalmer No. 2244

P. O. Address Le 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.