

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHM-Castles  
State File No. 32430

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>Caruthville</u>		c. LENGTH OF STAY (in this place) <u>46 yrs.</u>		c. CITY OR TOWN <u>CARTHURSVILLE</u>		COUNTY <u>WESLEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 HIGHLAND AVE</u>				d. STREET ADDRESS (If rural, give location) <u>705 HIGHLAND AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOYIE</u>		b. (Middle) _____		c. (Last) <u>BYENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30-1952</u>	
5. SEX <u>M</u>		6. COLOR OF SKIN <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>		8. DATE OF BIRTH <u>Mar-7-1879</u>	
9. AGE (In years last birthday) <u>73</u>		# UNDER 1 YEAR Months <u>6</u> Days <u>23</u>		# UNDER 12 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Groceries</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Burgess Brent</u>		13b. MOTHER'S MAIDEN NAME <u>Shelbe Shaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. M. Brent</u>	
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>Mrs. Fannie Brent Caruthville</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OK</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>			
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>9/23</u> , 19 <u>52</u> to <u>9/30/52</u> that I last saw the deceased alive on <u>9/5</u> , 19 <u>52</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Castles</u> (Degree or title) _____				23b. ADDRESS <u>Caruthville, Mo.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-6-1952</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Long and Co. Caruthville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

782  
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10-297-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 9 1952

MAY 7 1957

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Caruthersville, 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.