

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 8 1953

BIRTH NO. .... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huntsville</b> <b>0880</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>Rice Nursing Home</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Granvel</b> b. (Middle) <b>Adrain</b> c. (Last) <b>Byrum</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23 1953</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct. 27, 1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>chef</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>chef</b>		11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b> <b>U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Henry Thomas Byrum</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Lyon</b>		14. NAME OF HUSBAND OR WIFE <b>Bettie Byrum</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or date of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Henry Byrum; Clifton Hill, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Interochastri fracture</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <b>left hip Cardiovascular renal disease</b>		DUE TO (c) <b>Hypertension</b> <b>69030</b> <b>44</b>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Huntsville Randolph Mo.</b>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 21-53 10 a.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall, Rice Nursing Home</b>	
22. I hereby certify that I attended the deceased from <b>21 May, 1953</b> , to <b>May 23, 1953</b> , that I last saw the deceased alive on <b>20 May 1953</b> , and that death occurred at <b>6:30</b> m., from the causes and on the date stated above.					

23a. SIGNATURE (Name or title) <b>[Signature]</b>		23b. ADDRESS <b>Moberly, Mo.</b>		23c. DATE SIGNED <b>29/may</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 25, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clifton Hill Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Clifton Hill, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>5-25-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.B. Patton &amp; Sons, Huntsville, Mo.</b>	
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Return for Doctor's Information - 883-0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Paul J. Patton*

Signed.....

Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.