

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7068

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Fenton	
c. LENGTH OF STAY (in this place) 3hrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) Clifford	b. (Middle)	c. (Last) Bye	4. DATE OF DEATH (Month) (Day) (Year) 2-5-1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1904	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Drives	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Barnie Bye	13b. MOTHER'S MAIDEN NAME Effie Lumos	14. NAME OF HUSBAND OR WIFE Bertha Bye
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. 499-18-8076	17. INFORMANT'S SIGNATURE OR NAME Bertha Bye Fenton, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion & laryngeal edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic Injury Head & Wrist DUE TO (c) auto acid.		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Sq.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fenton St. Louis MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 4 1954 8:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by auto while crossing Highway
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22. I hereby certify that I attended the deceased from **2-4**, 19**54**, to **2-5**, 19**54**, that I last saw the deceased alive on **2-5**, 19**54**, and that death occurred at **2:30 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Guy M.D.	23b. ADDRESS 6015 Brentwood, Clayton, Mo.	23c. DATE SIGNED 2-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-9-54	24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 2-6-54	REGISTRAR'S SIGNATURE Herbert R. Donker M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Leah H. Fenton	ADDRESS 404 Main St. Fenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *Daniel J. Mahan*

Licensed Embalmer No. 43

P. O. Address *De Soto*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.