

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28346**

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 36

0710
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Mount</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Mount</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED
(Type or Print) a. (First) HOWARD b. (Middle) SCOTT c. (Last) BYAM

4. DATE OF DEATH Aug. 16, 1954 (Month) (Day) (Year)

5. SEX MARIED 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 7, 1889 9. AGE (In years last birthday) 64

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort Owner 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Jackson Co., Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank L. Byam 13b. MOTHER'S MAIDEN NAME Caroline F. Durst 14. NAME OF HUSBAND OR WIFE Mary Byam

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. None 17. INFORMANT'S SIGNATURE OR NAME Mary Byam ADDRESS Rocky Mt., Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary disease

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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 _____, 1950, to Aug 16, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE E. Shelton M.D. (Degree or title) 23b. ADDRESS Eldon Mo 23c. DATE SIGNED Aug 16 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 19 54 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington 24d. LOCATION (City, town, or county) (State) Independence, Mo.

DATE REC'D BY LOCAL REG. Aug 17 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Louis S. Phelps ADDRESS Eldon

SEP 30 1954

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.....

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3663

P. O. Address Eldon

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.