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

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

State File No. 41447

BIRTH NO. ____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 239

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 1040 Sophia 0493 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Roy
b. (Middle): Sylvester
c. (Last): Byrket

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 8 1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: May 31, 1893
**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Quarryman
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Dade County, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: James Oliver Byrket
**13b. MOTHER'S MAIDEN NAME**: Ida Belle Bryant
**14. NAME OF HUSBAND OR WIFE**: Hazel Payne Byrket
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 493-14-3960
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: James Byrket, Carthage, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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**: none
**19b. MAJOR FINDINGS OF OPERATION**: 2040
**20. AUTOPSY?** YES [ ] NO [X]
**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): none
**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): none m.
**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* Sept 24, 1954, *to* Dec 8, 1954, *that I last saw the deceased alive on* Dec 8, 1954 *and that death occurred at* 11:12 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: George H. Wood (Degree or title) MD
**23b. ADDRESS**: Carthage Mo
**23c. DATE SIGNED**: 12/9/54
**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec. 10, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill
**24d. LOCATION** (City, town, or county) (State): Carthage, Mo.
**DATE REC'D BY LOCAL REG.**: 12-9-54
**REGISTRAR'S SIGNATURE**: Ely Clinton
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed OCT 12 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by O. L. ISBELL, Student Embalmer No. 500

working under my personal supervision..

x

Student O. L. Isbell
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.

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