

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39991

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Liberty</u>	c. LENGTH OF STAY (in this place) <u>6 yrs.</u>	c. CITY OR TOWN <u>Excelsior Spgs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLAY COUNTY HOME</u>		STREET ADDRESS (If rural, give location) <u>6005</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMILY</u>	b. (Middle)	c. (Last) <u>BYRNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 28 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>UNK</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>ABOUT 75</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ENGLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>
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13a. FATHER'S NAME <u>UNK</u>	13b. MOTHER'S MAIDEN NAME <u>UNK</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LEWIS DUNCAN</u> ADDRESS <u>COUNTY HOME SUPERVISOR</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>known to me</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>(C)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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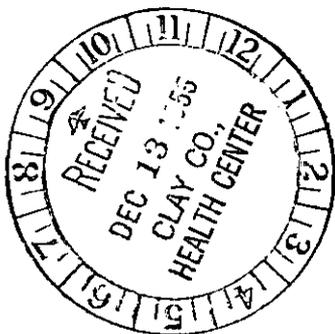
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1925, to \_\_\_\_\_, 1955, that I last saw the deceased alive on Nov 10, 1955, and that death occurred at 2:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm H Goodson</u> (Degree or title) <u>MA</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>11/29/55</u>
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24a. DATE <u>11-28-55</u>	24b. NAME OF CEMETERY OR CREMATORY <u>PISGAH CEMETERY</u>	24c. LOCATION (City, town, or county) (State) <u>RURAL - EX. SPRINGS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 10, 1955</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham 491</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u> ADDRESS <u>Ex Springs, Mo.</u>
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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....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 458  
P. O. Address Excelsior Springs

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.