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FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40351**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Newell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Haskell</u>	
b. CITY OR TOWN <u>West Plains</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Willow Springs</u> <small>(If rural, give location)</small>	
c. LENGTH OF STAY (In this place)		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 <u>Christa Hogan Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jda</u> b. (Middle) <u>Cunningham</u> c. (Last) <u>Byers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-55</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1-25-1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newell, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hugh Cunningham</u>	13b. MOTHER'S MAIDEN NAME <u>Coatman</u>	14. NAME OF HUSBAND OR WIFE <u>Joe W Byers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>J Byers Willow Springs Mo</u>	ADDRESS <u>Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>10 yrs.</u> <u>5 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>332X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chc. nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 12/12, 1955, to 12/20/55, 1955, that I last saw the deceased alive on 12/20, 1955, and that death occurred at 11:15 A., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Callahan M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Missouri</u>	23c. DATE SIGNED <u>12/30/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-7-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>West Plains Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *A. S. Roberts*.....

Licensed Embalmer No. *343*.....

P. O. Address *West Hill*.....

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.