

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>97</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>49</b>	
1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>		c. LENGTH OF STAY (in this place) <b>21 Days</b>		c. CITY OR TOWN <b>Jefferson City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>ST. JOSEPH HOME OF AGED</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>KATHARINE</b> b. (Middle) <b>MARIE</b> c. (Last) <b>BYRNE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 6, 1956</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB. 14, 1869</b>		9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>22</b>	IF UNDER 11 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired School Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>MUSCATINE IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JAMES BYRNE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN BYRNE</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VINCENT J. ROEHE ST. LOUIS, Mo</b>			
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) <b>Bronchitis pneumonia</b> ANTECEDENT CAUSES (b) <b>Senility</b> DUE TO (c) <b>Fracture of the left hip</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of the left hip Jan 13 1956</b>					INTERVAL BETWEEN ONSET AND DEATH <b>days</b> <b>epri</b>
19a. DATE OF OPERATION <b>Jan 14 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fractured left hip nailed</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>fall</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, motor, street, office, etc.) <b>fall in Joseph's home Jeff. City, Cole Mo.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 13 56 ?</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Slipped &amp; fell 9:047</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 13</b> 19 <b>56</b> , to <b>Feb. 6</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Feb 5</b> , 19 <b>56</b> and that death occurred at <b>1:30 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Vincent J. Roehe MD</b>				23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>2/8/56</b>	
24a. BURIAL: CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/8/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PETERS</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY, MO.</b>		
DATE REC'D BY LOCAL REG. <b>9 Feb 1956</b>		REGISTRAR'S SIGNATURE <b>R.P. Harris MD R.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lyndale Dulle</b>		ADDRESS <b>J. C. MO</b>	

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

FEB 21 1958

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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.....  
*Sylvester L. Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City*

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.