

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15952

FILED MAY 7 - 1957

360

STATE FILE NUMBER
6225 Registrar's No. 79

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lees Summit Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 3 Length of stay in lb 1 yr 5 mo.		d. STREET ADDRESS (If outside, give location) 55 Hill Top Gardens Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Harry E. Byrne First Middle Last			4. DATE OF DEATH 4-24-57 Month Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/3/1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness maker		10b. KIND OF BUSINESS OR INDUSTRY Harness maker		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Emmett Byrne			14. MOTHER'S MAIDEN NAME Katherine Scott			
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. no		17. INFORMANT Address State Hospital # 3 Records		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/31/56 to 4/25/57 and last saw her alive on 4/25/57 Death occurred at 5:20 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>George Esker, M.D.</i>	22b. ADDRESS State Hospital # 3	22c. DATE SIGNED 4/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/27/57	23c. NAME OF CEMETERY OR CREMATORY Green Valley Cemetery St. Joseph, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <i>Sorter Sons</i>	ADDRESS Kansas City, Kansas	25. DATE RECD. BY LOCAL REG. 4-29-57	26. REGISTRAR'S SIGNATURE <i>Anna J. Perry</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
300 1-56
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
4 31-0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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..... *Percy F. Miller*
Licensed Embalmer No. *480*

P. O. Address *Verona,*

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.