

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31749

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4168

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN GLASGOW	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION ²⁷⁵⁴ Wabash		d. STREET ADDRESS (If outside, give location) 811 2nd St.	

3. NAME OF DECEASED (Type or print) First Middle Last OMEGA BYNUM			4. DATE OF DEATH Month Day Year Sept. 6, 1957		
---	--	--	---	--	--

5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1878	9. AGE (in years) ¹⁹⁷⁷ 79 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Glasgow, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME Nelson Stapleton	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edward Bynum
--	--------------------------------------	---

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. None	17. INFORMANT Corine Bland 1007 Paseo Apt. 11 daughter
--	---------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH 443X
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"/>

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 <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 Death occurred at <i>9/11/57</i> to <i>9/16/57</i> and last saw her alive on <i>9/5/57</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>S. Daigle, M.D.</i>	22b. ADDRESS <i>212 Truman Rd.</i>	22c. DATE SIGNED <i>9/6/57</i>
--	---------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>9-6-57</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) <i>Glasgow, Missouri</i>
--	----------------------------	------------------------------------	---

24. FUNERAL DIRECTOR <i>WATKINS BROS. FN. HM. 18th & Benton Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>9-6-57</i>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doclar, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

S. Daigle

SEP 24 1957

KP
2

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 *Bruce R. Watkins*

Licensed Embalmer No. *45-101*

P. O. Address *10th & B...*

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.