

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-029559

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto		Length of stay in lb 12 Yrs.		c. CITY OR TOWN DeSoto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 807 No. Fourth St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 807 No. Fourth St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Albert Middle Joseph Last Byron				4. DATE OF DEATH Month August Day 13 Year 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/22/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman Helper			10b. KIND OF BUSINESS OR INDUSTRY Ry. Car Shops		11. BIRTHPLACE (City and state or country) Jefferson Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George W. Byron			13b. MOTHER'S MAIDEN NAME Senath Hubbard			14. NAME OF HUSBAND OR WIFE Nellie Todd Byron		
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. 702-16-9837		17. INFORMANT Ellis Byron		Address DeSoto, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach, with generalized metastasis.							INTERVAL BETWEEN ONSET AND DEATH	
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) Diabetes mellitus.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____								
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 Aug 13, 1959 to Aug 13, 1959 and last saw him alive on Aug 13, 1959 Death occurred at 6:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.				22b. ADDRESS DeSoto Mo			22c. DATE SIGNED 8-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/15/59	23c. NAME OF CEMETERY OR CREMATORY Woodlawn			23d. LOCATION (City, town, or county) DeSoto Mo.			
24. FUNERAL DIRECTOR J. Lee Mothershead			ADDRESS DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. August 13, 1959	26. REGISTRAR'S SIGNATURE Marie Harris.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J Lee Mathers

Licensed Embalmer No. 353

P. O. Address Osato

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.