

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030173

FILED VS. AUG. 24 1959 316

Registration District No. Primary Registration District No. 3061

Registrar's No. 326

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Length of stay in 1b 2 Months		c. CITY OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 E Main St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 500 E Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Willis Middle Thurman Last Bynum				4. DATE OF DEATH Month August Day 19th. Year 1959			
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 11/8/1888	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beltman		10b. KIND OF BUSINESS OR INDUSTRY Auto Industry		11. BIRTHPLACE (City and state or country) Paducah, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Bynum			13b. MOTHER'S MAIDEN NAME Elizabeth Hampton		14. NAME OF husband OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 491 05 2827	17. INFORMANT Lewis Bynum, Flat River, 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) Cancer - Prostate & Bladder DUE TO (b) ? DUE TO (c) ? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Kidney infection.					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 June 18/59 to Aug 19/59 and last saw her Aug 15/59 Death occurred at 10:30P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Zupan D.O.				22b. ADDRESS Flat River Mo		22c. DATE SIGNED 8/20/59	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 8/22/1959	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) Franklay, Missouri			
24. FUNERAL DIRECTOR G. Z. Boyer & Son, Desloge, Mo				25. DATE RECD. BY LOCAL REG. Aug 20, 1959		26. REGISTRAR'S SIGNATURE Esther Rudloff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1965

AUG 25 1965

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Dealogue, Miss

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.