

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036019

FILED VS OCT 26 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 141

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Length of stay in 1b 4 yrs.	c. CITY OR TOWN WEST PLAINS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUNA REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 WEST MAIN ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ADNA BRISKEY BYERS Middle		4. DATE OF DEATH 10-10-59 Year	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-1897 9. AGE (last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HOWELL COUNTY MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME THOMAS BURGIN	
13b. MOTHER'S MAIDEN NAME MARTHA WOOD		14. NAME OF HUSBAND OR WIFE XX	
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. YES	
17. INFORMANT OPAL COCKRUM Address WEST PLAINS, 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) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paraplegia		INTERVAL BETWEEN ONSET AND DEATH 1 wk 4 yr 6 yr	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 2 P.M. 12/28/55 to 10/2/59 and last saw DEPT 10/2/59 live on Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS West Plains, Missouri	
22c. DATE SIGNED 10/13/59			
23a. BURIAL, CREMATION, REMOVAL B (Specify)		23b. DATE 10-4-59	
23c. NAME OF CEMETERY OR CREMATORY COLLINS CEMETERY		23d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.	
24. FUNERAL DIRECTOR ROBERTSONS ADDRESS 211 WEST MAIN ST.		25. DATE RECD. BY LOCAL REG. 10-21-59	
		26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

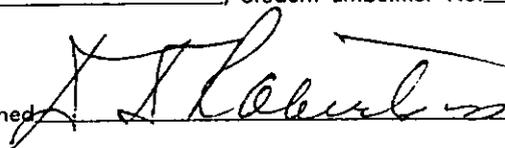
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3437

P. O. Address West Va

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.