

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012415

FILED VS. APR 12 1960

Primary Registration District No.

Registrar's

2 3386

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO | | Length of stay in 1b 26 DAYS | c. CITY OR TOWN FLORISSANT |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1013 CHARBONIER |
| | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|---|---------------------------|---|--|--------------------------------------|---|------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | Month | Day | Year |
| First | Middle | Last | | MARCH | 24 | 1960 |
| JOSEPH F. BYNUM | | | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/25/74 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) UNION CITY, TENN. | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME W. G. BYNUM | | 13b. MOTHER'S MAIDEN NAME SARAH LANCASTER | | 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 SPAW | | 16. SOCIAL SECURITY NO. | 17. INFORMANT 1013 CHARBONIER MARY L LEWIS FLORISSANT, MO. | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) MYOCARDIAL ANOXIA | | | 12 HOURS |
| DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE | | | 20 YEARS |
| DUE TO (c) DIABETIS MELLITUS | | | 20 YEARS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OBSTRUCTIVE EMPHYSEMA - ASPIRATION BRONCHOPNEUMONIA LLL | | | 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 |

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|---|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 2/21/60 to 3/24/60 and last saw him alive on 3/24/60 Death occurred at 1:40 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE Louis D. Beits | (Degree or title) LOUIS D. BEITS M.D. | 22b. ADDRESS VAH, ST LOUIS, MISSOURI | 22c. DATE SIGNED 3/24/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-24-60 | 23c. NAME OF CEMETERY OR CREMATORY Linwood Cemetery | 23d. LOCATION (City, town, or county) Paragould, Ark. |
| 24. FUNERAL DIRECTOR Florissant Mortuary, Florissant, Mo. | | 25. DATE RECD. BY LOCAL REG. MAR 24 1960 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gene A. Matthews

Licensed Embalmer No. 4966

P. O. Address _____

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.