

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUL 1 1 1960

=60-023630

INDEXED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 75 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Meramec</u>		Length of stay in lb	c. CITY OR TOWN <u>Hillsboro Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR#2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HUGH</u> Middle <u>BYLLE</u> Last			4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>60</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/18/1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>House Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>Michael Kyle</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Offett</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-36-3271</u>	17. INFORMANT <u>Viola Schuble Hillsboro Mo RR#2</u>	Address
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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 <u>1 hr.</u>
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary artery atherosclerosis & Angina pectoris</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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
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21. I attended the deceased from 1952 to June 27 1960 and last saw him alive on June 25 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert Tichenor MD</u>	(Degree or title)	22b. ADDRESS <u>PO. Box 6 Sappington Mo.</u>	22c. DATE SIGNED <u>6-27-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6/29/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Bur. Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cedar Hill Mo</u>
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24. FUNERAL DIRECTOR <u>Brimmer Funeral Home House Springs Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>
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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 Herbert J. Goss Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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.