URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

-60-031090
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 89

NDED

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BYRNESVILLE — Length of stay in 1b 40 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERAMEC TOWNSHIP — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JEFFERSON
c. CITY OR TOWN BYRNESVILLE — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) MERAMEC TOWNSHIP — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MARY Middle A. Last CREAN
4. DATE OF DEATH Month 8 Day 5 Year 1960

5. SEX F.
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 9/19/1892
9. AGE (last birthday) 67 — 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) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) BYRNESVILLE Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME PETER H. BYRNE
13b. MOTHER'S MAIDEN NAME MARY A LYONS
14. NAME OF HUSBAND OR WIFE RICHARD CREAN DEC.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Francis Crean Address Eureka RR#1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic H. Disease — Sudden
DUE TO (c) Diabetes Mellitus

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 – 1952, to Aug 5/60 and last saw her alive on July 30
Death occurred at 7:30 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Malcolm B Bawell M.D.
22b. ADDRESS 4668 Maryland
22c. DATE SIGNED 8/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/8/60
23c. NAME OF CEMETERY OR CREMATORY St Columbkill Cem.
23d. LOCATION (City, town, or county) BYRNESVILLE (State) Mo

24. FUNERAL DIRECTOR Brimmer Funeral Home – ADDRESS House Springs Mo.
25. DATE RECD. BY LOCAL REG. 8-8-60
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis,

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