

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005007
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 43

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>M</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> | | Length of stay in lb <u>2 wks.</u> | c. CITY OR TOWN <u>Pacific</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Pacific</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Henry</u> Last <u>Byrom</u> | | 4. DATE OF DEATH Month <u>Feb</u> Day <u>13</u> Year <u>1961</u> | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov 27, 1889</u> |
| 9. AGE (last birthday) <u>71</u> | | 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) <u>conductor on RR.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Pac RR.</u> | 11. BIRTHPLACE (City and state or country) <u>Chamois, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | 13a. FATHER'S NAME <u>John Byrom</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Hereford</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clara Byrom</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>none</u> | 17. INFORMANT Address <u>Clara Byrom Pacific Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pneumonia</u> 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 <u>8 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arterio-sclerosis - senile dementia</u> | | | 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 _____ Month, Day, Year _____ a.m. _____ p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan 29, 1961</u> to <u>Feb 13, 1961</u> and last saw him alive on <u>Feb 13, 1961</u> Death occurred at <u>2:00 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>L. M. Murch</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>205 Elm Washington Mo</u> | 22c. DATE SIGNED <u>2/14/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>2-16-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u> | 23d. LOCATION (City, town, or county) <u>Pacific</u> (State) <u>Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Mrs John L. Shute</u> ADDRESS <u>Pacific Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/16/61</u> | 26. REGISTRAR'S SIGNATURE <u>L. M. Murch</u> |

MAR 14 1961

MS FEB 24 1961

DEC 13 1961

FEB 7 1962

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union Ave

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.