

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013080

STATE FILE NUMBER

AMENDED

5/23/61

Billie Sue Sewell

Billie Lee Sewell

14

BY AFFIDAVIT OF Inf.

ITEM NO. SHOULD READ

DOCUMENT

7 MEDICAL CERTIFICATION

INSTEAD OF

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 137

FILED MAY 8 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>COLE</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY, MO.</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>		c. CITY OR TOWN <u>JEFFERSON CITY, MO.</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>302 BINDER DR</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>IGNATIUS</u> Last <u>BYRNE</u>				4. DATE OF DEATH <u>MAY 3, 1961</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</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>5/25/17</u>	
9. AGE (last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>		10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ast. Mgr Associated General Contractors Williamstown, Pa</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>General Contractors Williamstown, Pa</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>KEYRAN BYRNE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MATES</u>		14. NAME OF HUSBAND OR WIFE <u>BILLIE LEE SEWELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR 2</u>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>MRS. BILLIE BYRNE J C 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>Coronary Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
DUE TO (b) <u></u>						DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gangrene Hemorrhoid (Shingles)</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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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 <u>5-1-61</u> to <u>5-3-61</u> and last saw her <u>alive</u> on <u>5-3-61</u>							
Death occurred at <u>12.30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marshall W Kelly M.D.</u>				22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>5-5-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/6/61</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Resurrection</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sybil Lee Sewell</u> ADDRESS <u>J C MO</u>				25. DATE RECD. BY LOCAL REG. <u>6 May 1961</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. Richter Dep</u>	

SA MAY 17 1961

MAY 16 1961

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. 4301

P. O. Address Jeffersonville, Ind.

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.