

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016918

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 175

FILED JUN 13 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) <u>JEFFERSON CITY MO</u>		STATE <u>MISSOURI</u>		b. COUNTY <u>COOPER</u>	
Length of stay in lb <u>4 DAYS</u>		c. CITY OR TOWN <u>JEFFERSON CITY MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) <u>ST Mary's HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>PRAIRIE HOME MO</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last <u>ROSE MARIE WAYM BYRODT</u>			<u>JUNE</u>			<u>6 19 1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 5-1899</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR <u>5 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WREPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>SWITZERLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN BRASSENBACHER</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE JOLEBEGER</u>		14. NAME OF HUSBAND OR-WIFE <u>JAKE WAYM BYRODT</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>No</u>		17. INFORMANT <u>Martin Warmbold Prairie Home</u>			

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>NO</u> <u>Several weeks (?)</u>
IMMEDIATE CAUSE (a) <u>Peritonitis</u>		DUE TO (b) <u>Gangrene of Cecum</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Carcinoma of Cecum</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.)	
20c. TIME OF INJURY Hour a.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 <u>6-2-61</u> to <u>6-6-61</u> and last saw her alive on <u>6-5-61</u> . Death occurred at <u>6-6-61</u> <u>4:00 pm</u> , on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>6-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-8-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>BOONVILLE MISSOURI</u>
24. FUNERAL DIRECTOR <u>C. ALBERT HORNBECK</u>		25. DATE RECD. BY LOCAL REG. <u>6 June 1961</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris</u>
<u>PRAIRIE HOME MO</u>		<u>10 June 1961</u>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 E. Albert Hombeck

Licensed Embalmer No. 2714

P. O. Address Pravni Home

MO

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.