MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001004
STATE FILE NUMBER

AMENDED

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 3

FILED JAN 22 1962

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pacific — Length of stay in 1b: 2wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 205 N. Olive — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Franklin
c. CITY OR TOWN: Pacific — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 205 N. Olive — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Clara Middle: M. Last: Byrom
4. DATE OF DEATH: Month: Jan Day: 15 Year: 1962
5. SEX: F
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 2. 1891
9. AGE (last birthday): 70
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: —
11. BIRTHPLACE (City and state or country): Pacific Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Joseph Mahl
13b. MOTHER'S MAIDEN NAME: Louisa Schenck
14. NAME OF HUSBAND OR WIFE: Louis Byrom (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Iris L. Byrom, Address: 3250 Sulphur St. L. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis & Hypertension
DUE TO (c):
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 May 28, '61, to Jan 14 1962 and last saw her ~~him~~ alive on Jan 14, 1962
Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. S. Puffer D.O. (Degree or title)
22b. ADDRESS: Pacific Missouri
22c. DATE SIGNED: 1-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 1-19-62
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial
23d. LOCATION (City, town, or county) (State): Pacific Mo.
24. FUNERAL DIRECTOR: Mrs. John L. Thebe — ADDRESS: Pacific Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 19-62
26. REGISTRAR'S SIGNATURE: Mary B. Gross.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 6 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 Altmann

Licensed Embalmer No. 4808

P. O. Address Union 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.