

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH *Byland*

-62-007276

STATE FILE NUMBER

Registration District No. *331*
CALLED FEB 26 1962Primary Registration District No. *5812* Registrar's No. _____

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
a. COUNTY <i>Montgomery</i>				a. STATE <i>Mo</i>		b. COUNTY <i>Montgomery</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Middletown Mo</i>				Length of stay in 1b		c. CITY OR TOWN <i>Middletown Mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 1/2 mi west</i>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2 1/2 mi west</i>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Nora</i> Middle <i>Belle</i> Last <i>Cingel</i>				Month <i>Feb</i> Day <i>14</i> Year <i>1962</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 14 '85</i>	9. AGE (last birthday) <i>76 yrs</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>11</i>		IF UNDER 24 HR Hours <i>11</i> Min. <i>00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (City and state of country) <i>Middletown Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Charles F. Crouch</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Ellen Cries</i>		14. NAME OF HUSBAND OR WIFE <i>Albert Cingel</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>495-40-9974</i>		17. INFORMANT <i>Mrs. Lee French</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Carcinoma of Colon</i>		5 years			
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. <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 <i>6:10</i> a.m. p.m.		Month, Day, Year <i>11-12-61</i>					
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 <i>11-12-61</i> to <i>2-14-62</i> and last saw her alive on <i>2-12-62</i> Death occurred at <i>6:10 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. Byland</i> (Degree or title) <i>MD</i>				22b. ADDRESS <i>Wellsville, Missouri</i>		22c. DATE SIGNED <i>2-15-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Feb 17 1962</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Fairmount</i>		23d. LOCATION (City, town, or county) (State) <i>Middletown Mo.</i>	
24. FUNERAL DIRECTOR <i>Prechett-Myers, Middletown, Mo.</i>		ADDRESS		25. DATE DECEASED <i>Feb 14 1962</i>		REGISTRAR'S SIGNATURE <i>Leah Rugg</i>	

AUG 10 1966

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

Howard T. Myers

Licensed Embalmer No. *2494*

P. O. Address

Wellsville, Md.

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, it should be so stated above.