MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035352
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 79

FILED SEP 20 1962

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle — Length of stay in 1b: 4 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pauline's Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 300 Washington St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: SIRENA Middle: BASH Last: TRYON
4. DATE OF DEATH Month: Sept. Day: 18 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar. 17, 1864
9. AGE (last birthday): 98 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Clark County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William H. Bash
13b. MOTHER'S MAIDEN NAME: Rittie D. Brown
14. NAME OF HUSBAND OR WIFE: Charles Tryon
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: Harold E. Barkley, Quincy, Ill. Address

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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 3-16-61, to 9-18-62 and last saw her/him alive on 9-18-62
Death occurred at 4:00 A.M. A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph V. Wimp (Degree or title) D.O.
22b. ADDRESS Labelle, Missouri
22c. DATE SIGNED 9-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-20, 1962
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove
23d. LOCATION (City, town, or county) (State): Canton, Lewis Co. Mo.
24. FUNERAL DIRECTOR: Earl A. Barkley, Canton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-21-62
26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	6560		
2	0561		2
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4201		
10			
11			
12	86-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed Earl H. Barkley

Signature of Student Embalmer

Licensed Embalmer No. 1615

P. O. Address Canton, 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.