

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046658

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 312

FILED DEC 26 1962

VS 300  
Rev. 4/59

0425  
0420

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2015 Washington St</u>		d. STREET ADDRESS (If outside, give location) <u>RR #5</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Boyd</u> Last <u>Byson</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>m</u>	6. COLOR OF RACE <u>w</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>10/11/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fur Buyer</u>		11. BIRTHPLACE (City and state or country) <u>Henry Co Mo</u>	
13a. FATHER'S NAME <u>Peter B Byson</u>		14. NAME OF HUSBAND OR WIFE <u>Leta May Byson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Lucy Dale Davis</u> Address <u>Clinton</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>Un Known Natural Cause</u> DUE TO (b) <u>Probable Myocardial Infarction</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</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. _____ p.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>unattended</u> to _____ and last saw her/him alive on _____ Death occurred at _____ <u>4 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree & Title) <u>Richard N. King M.D. Henry County Coroner</u>		22b. ADDRESS <u>1065 3rd Clinton Mo</u>	
22c. DATE SIGNED <u>12-21-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-22-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	
23d. LOCATION (City, town, or county) <u>Clinton Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Consalus Clinton</u> ADDRESS <u>Clinton</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 21, 1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Richard Byson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed J. E. Consoled

Licensed Embalmer No. 1891

P. O. Address Christiansburg

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.

Personal Record 1351-6-2 MCB JFR