

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3922**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 500 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willmathsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willmathsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Willmathsville, Mo.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Byrn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 19, 1887</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Rease Byrn</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Hocker</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Agnes Epperson</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Agnes Byrn</u> ADDRESS <u>Willmathsville, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gunshot wound in head.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE UNWITTING (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Willmathsville, Adair Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 11, 1949 11:20 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted gunshot wound in head</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert B. Davis, coroner</u>	23b. ADDRESS <u>Kirkville, Mo</u>	23c. DATE SIGNED <u>2-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/14/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willmathsville</u>	24d. LOCATION (City, town, or county) (State) <u>Willmathsville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-14-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Riley</u> ADDRESS <u>Kirkville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

RECEIVED

District Health Officer No. 1

District File Number 2-49-32

Date Filed FEB 21 1949

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 _____
Student Embalmer

Signed Ray H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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 this body is not embalmed, fact should be so stated above.