

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24678**
3612

BIRTH NO. _____ REC. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>39 years</u>	
c. CITY OR TOWN <u>Kansas City</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>37 West Dartmouth Road</u>		e. STREET ADDRESS (If rural, give location) <u>810 37 West Dartmouth Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PaxL</u> b. (Middle) <u>R</u> c. (Last) <u>BYRUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1953</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>February 28, 1892</u>
9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Days _____	11. UNDER 2 HRS. Hours _____	12. UNDER 2 HRS. Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Afton Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Byrum</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Dailey</u>	
14. NAME OF HUSBAND OR WIFE <u>Netta Lewis Byrum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World Wars I & II</u>		16. SOCIAL SECURITY NO. <u>487-36-2984</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Netta Lewis Byrum</u>		ADDRESS <u>37 W. Dartmouth</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation (Terminal)</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease</u> <u>10 years</u> <u>is failure -</u> DUE TO (c) <u>Coronary Artery Sclerosis</u> <u>6 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Vascular Sclerosis</u> <u>4201</u> <u>6 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec. 2, 1946</u> , to <u>July 21, 1953</u> , that I last saw the deceased alive on <u>July 21, 1953</u> and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>M.D. MD</u>		23b. ADDRESS <u>1220 Professional</u> c. DATE SIGNED <u>7-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Mariah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-22-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Funeral Home</u>		ADDRESS <u>2315 Lenwood</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

112

SEP 4 8 1959
SHEPHERD

2:30

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 *Chas E. Wilks*.....

Licensed Embalmer No. *2644*

P. O. Address *H. C. 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.