

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5770**BIRTH NO. **67169-55** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. LENGTH OF STAY (in this place) 2 months	c. CITY OR TOWN Hayti
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 E. Lee St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Randy b. (Middle) Allen c. (Last) Barymon		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 10-13-55
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) Gideon, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Donald Barymon	
13b. MOTHER'S MAIDEN NAME Sara Ruth Canoy		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) X		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME Donald Barymon		ADDRESS Hayti, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus 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. Spina bifida	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 752X	
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)		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 1-24, 1956 to 1-24, 1956 , that I last saw the deceased alive on 1-24, 1956 , and that death occurred at 6:50 P.M. from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) C.O. Kain		23b. ADDRESS Hayti, Mo.	
23c. DATE SIGNED 2-3-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-2-56		24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	
24d. LOCATION (City, town, or county) (State) Wardell, Mo.		DATE REC'D BY LOCAL REG. 2-6-56	
REGISTRAR'S SIGNATURE John T. German		FUNERAL DIRECTOR'S SIGNATURE Osburn Funeral Home, Wardell, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

2-52-56

FEB 15 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 Body Was Not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.