

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26407**

FILED AUG 20 1956

BIRTH NO.		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 5314		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER			
b. CITY (If outside corporate limits, write RURAL and give township) PRairie Home		c. LENGTH OF STAY (in this place) 16 yr		c. CITY (If outside corporate limits, write RURAL and give township) PRairie Home		d. STREET ADDRESS (If rural, give location) PRairie Home Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRairie Home Mo				d. STREET ADDRESS (If rural, give location) PRairie Home Mo			
3. NAME OF DECEASED a. (First) EDISON JOSEPH		b. (Middle) WAYMOR		c. (Last) BYODT		4. DATE OF DEATH (Month) (Day) (Year) AUG. 13 - 1946	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 1 - 1912	
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 12		IF UNDER 1 YEAR Hours 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME J. C. B. WAYMOR		13b. MOTHER'S MAIDEN NAME ROSE GROSSENBACHER		14. NAME OF HUSBAND OR WIFE MARIE WAYMOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-16-2136		17. INFORMANT'S SIGNATURE OR NAME Marie Louise Warmholt			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation				INTERVAL BETWEEN ONSET AND DEATH 6	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hanging					
		DUE TO (c) Recurrent Melancholia					
		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent Melancholia					
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, etc. bldg., etc.) Farm barn		21c. (CITY, TOWN, OR TOWNSHIP) Prarie Home Twp		21d. COUNTY (STATE) Cooper Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 13 1946 1:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted hanging			
22. I hereby certify that I attended the deceased from 1946 , that I last saw the deceased alive on Aug 13 1946 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. DeKraeger M.D.				23b. ADDRESS 3000 Booneville Mo		23c. DATE SIGNED Aug 15 1946	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE AUG. 15 1946		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) BOONVILLE MO	
DATE REC'D BY LOCAL REG. Aug 14 1946		REGISTRAR'S SIGNATURE V. T. Meredith		25. FUNERAL DIRECTOR'S SIGNATURE C. ALBERT HOTNBECK			

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

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 *to Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home*

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.