

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 5

FILED FEB 3 1958

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>25</u>
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Knox		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Edina		
c. LENGTH OF STAY (in this place) 1 da.		d. STREET ADDRESS (If rural, give location) Grim-Smith Hosp.		
3. NAME OF DECEASED (Type or Print) Elizabeth E. Byrne		a. (First) E. b. (Middle) Byrne c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1877	9. AGE (In years last birthday) Months Days 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Barney Winning		13b. MOTHER'S MAIDEN NAME Mary Sherbrock	14. NAME OF HUSBAND OR WIFE Edward Byrne	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Byrne Edina, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERAL ARTERIOSCLEROSIS		10 yrs
		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 331X		20. AUTOPSY? 2 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 <u>1-17</u> , 19 <u>58</u> , to <u>1-18</u> , 19 <u>58</u> that I last saw the deceased alive on <u>1-17</u> , 19 <u>58</u> and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS KIRKSVILLE, Mo.		23c. DATE SIGNED 1-25-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-1958	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's New	24d. LOCATION (City, town, or county) (State) Edina Mo.	
DATE REC'D BY LOCAL REG. 1-27-1958	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Edina 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-----

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul C. Kieghausen Sr

Licensed Embalmer No. 4085

P. O. Address Edina 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.