

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004749
State File No.

FILED FEB 24 1958

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CARROLLTON</u>		c. LENGTH OF STAY (in this place) <u>1 YEAR</u>	c. CITY OR TOWN <u>CARROLLTON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 W. Lincoln St</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>410 W. Lincoln St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>ELMER</u> c. (Last) <u>BYRON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 11, 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 4, 1869</u>	9. AGE (in years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM BYRON</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS CRAWFORD</u>		14. NAME OF HUSBAND OR WIFE <u>KATE BYRON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARLEY BYRON</u> ADDRESS <u>3401 MONROE KANSAS CITY MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0 Months</u>	
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. <u>arteriosclerotic Heart Disease</u>		5 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Feb 1, 1958, to Feb 11, 1958, that I last saw the deceased alive on Feb. 10, 1958, and that death occurred at 2A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Platt</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>2/12/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-15-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>AFRICAN OAK HILL</u>		24d. LOCATION (City, town, or county) (State) <u>CARROLLTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>2-15-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Verberth Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MARSHALL FUNERAL HOME</u> ADDRESS <u>CARROLLTON</u>			

No. 300
10-48
0171
WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
R. M. Marshall, Jr.

Licensed Embalmer No. *246*

P. O. Address *Carleton*

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.