

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

2439

State File No.

FILED FEB 10 1954

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0891</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> <u>0</u> | |
| c. LENGTH OF STAY (In this place) <u>72 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>W. Royle St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray County Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> | b. (Middle) <u>---</u> | c. (Last) <u>BYUS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1954</u> |
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|---|-------------------------------|---|---|--|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>September 3, 1881</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u> | IF UNDER 18 HRS. House <u>---</u> Min. <u>---</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household duties</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Mo.</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Shannon Byus</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nelson</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dan Hankins, Richmond, Mo.</u> |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | |
| | DUE TO (c) <u>---</u> | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 7-12-53, 1953 to 2-1, 1954, that I last saw the deceased alive on 1-29, 1954, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C. K. Danault M.D.</u> | 23b. ADDRESS <u>Richmond, Mo. 2-5-54</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 3, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 5-1954</u> | REGISTRAR'S SIGNATURE <u>Malcolm Jackson 273</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thurman Funeral Home by Thurman Thurman Richmond, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
390
5

211-3746

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, on

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.