

PRIMARY DIST. NO. **23013-240**

CERTIFICATE OF DEATH

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|--|--|--|--|--|--|
| 1. DEATH OCCURRED IN: | | a. County <u>Delaware</u> | | b. City or borough <u>Wayne</u> | |
| c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number) | | <u>Radnor</u> | | | |
| d. Full Name of Hospital or institution (if not in hospital, give street address) | | <u>Caley Nursing Home</u> | | | |
| 2. DECEASED'S MAILING ADDRESS | | a. Street address, R. D., or Box Number <u>10 Princeton Rd</u> | | | |
| | | b. Post Office, Zone, and State <u>Strofford-Wayne, Pa</u> | | | |
| 3. VETERAN | | Yes <input type="checkbox"/> | | NO <input checked="" type="checkbox"/> | |
| a. Which War | | b. Serial No. | | | |

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|-------------------------------------|-------------|--------------|------------------|-----------|-----------|
| 4. NAME OF DECEASED (Type or print) | | | 5. DATE OF DEATH | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) |
| <u>Robert</u> | <u>M.</u> | <u>Byrne</u> | <u>12</u> | <u>31</u> | <u>64</u> |

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|--------------------------------------|-----------------|---|--|-------------------------|--|
| 6. WHERE DID DECEASED ACTUALLY LIVE? | | c. Did deceased live in a township? | | | |
| a. State | b. County | <input checked="" type="checkbox"/> Yes, deceased lived in | | <u>Radnor</u> township. | |
| <u>Pa.</u> | <u>Delaware</u> | <input type="checkbox"/> No, deceased lived within actual limits of | | city or borough. | |

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| 7. SEX | 8. COLOR OR RACE | 9. MARRIED <input type="checkbox"/> | NEVER MARRIED <input type="checkbox"/> | 10. DATE OF BIRTH | 11. AGE (in years last birthday) | If under 1 year | If under 24 hours |
| <u>M</u> | <u>W</u> | WIDOWED <input checked="" type="checkbox"/> | DIVORCED <input type="checkbox"/> | <u>12/31/1884</u> | <u>80</u> | Months | Days |
| | | | | | | Hours | Min. |

| | | | |
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| 12. USUAL OCCUPATION (even if retired) | 13. SOCIAL SECURITY NO. | 14. BIRTHPLACE (State or foreign country) | 15. CITIZEN OF WHAT COUNTRY? |
| <u>Prof. Baseball Player</u> | <u>487-26-0025</u> | <u>St. Louis, Mo.</u> | <u>U.S.A.</u> |

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|-------------------------|--|
| 16. FULL NAME OF SPOUSE | 17. MOTHER'S MARDEN NAME |
| <u>Laura Shields</u> | <u>Ellen Donahue</u> |
| 18. FATHER'S NAME | 19. INFORMANT'S NAME AND ADDRESS |
| <u>John Byrne</u> | <u>Robert J. Byrne, 10 Princeton Rd, Strofford-Wayne, Pa</u> |

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

| | | |
|---|---------------------------|----------------------------------|
| 20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c). | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. Death was caused by: | | |
| IMMEDIATE CAUSE (a) | <u>Hepatic Metastasis</u> | |
| Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. | DUE TO (b) | <u>Carcinoma of Stomach</u> |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) | 21. WAS AUTOPSY PERFORMED? |
| | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | |
|---|---------------------------------------|------------------------------------|
| 22. a. ACCIDENT | 22. b. DESCRIBE HOW ACCIDENT OCCURRED | 22. c. TIME OF ACCIDENT |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Hour Month Day Year OF m E.S.T. |

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|--|---|--------------------------------|--------|-------|
| 22. d. ACCIDENT OCCURRED | 22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.) | 22. f. CITY, BOROUGH, TOWNSHIP | COUNTY | STATE |
| While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | | | | |

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| 23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at <u>6:57 P.M.</u> E.S.T. | | |
| a. Signature | b. Address | c. Date signed |
| <u>James H. MacFarley, Jr.</u> | <u>Down, Pa.</u> | <u>12/31/64</u> |

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| 24. a. BURIAL CREMATION REMOVAL | 24. b. DATE | 24. c. NAME OF CEMETERY OR CREMATORY | 24. d. LOCATION (City, Boro., Twp. & County) (State) |
| <input checked="" type="checkbox"/> | <u>1/5/1965</u> | <u>Calvary Cemetery</u> | <u>St. Louis, Mo.</u> |

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|------------------------|---------------------------|---|
| 25. DATE REC'D BY REG. | 26. REGISTRAR'S SIGNATURE | 27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR |
| <u>Jan 2, 1965</u> | <u>Florence E. Mercer</u> | <u>Vincent C. Allewa, Box 84, Lark, Pa.</u> |