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FILED JAN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3218

Registration District No. 186 Primary Registration District No. 5693 Registrar's No. 2

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

1522

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Dawn (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Dawn (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Catherine L. Byrd

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Paul Byrd 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased September 26, 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 22 If less than one day — hr. — min.

9. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Gibbs
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret McWilliams
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Shelton Byrd
(b) Address Chillicothe, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Donald Gordon
(b) Address Chillicothe, Mo.

19. (a) 1-21-46 (Date received local registrar) (b) Artie Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from January 10th, 1946, to January 18, 1946, that I last saw her alive on January 10, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury

23. Signature O. V. Vinicy (M.D. or other) D.O.
Address Ludlow, Mo. Date signed 1/20/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harold F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.