

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11881**
Registrar's No. **106**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 106	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 510 E. State St.			
3. NAME OF DECEASED (Type or Print) Jennings Bryan Byrd.				4. DATE OF DEATH April 26, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 22 1895	
9. AGE (In years last birthday) 54		10. MONTHS 2		11. YEARS 4		12. IF ORDER IN HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman				11. BIRTHPLACE (State or foreign country) Clinton, Ky			
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Andrew Byrd				13b. MOTHER'S MAIDEN NAME Salley Evans			
14. NAME OF HUSBAND OR WIFE Lela Dixon							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes				16. SOCIAL SECURITY NO. 1 & 2 World War 886016-0855			
17. INFORMANT'S SIGNATURE OR NAME Mrs Lela Byrd				ADDRESS Jefferson City Mo.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH 4200							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ 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) (Min.)				21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from April 5, 1949 , to April 15, 1949 , that I last saw the deceased alive on April 15, 1949 , and that death occurred at 7:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Earl P. Loyd (Degree or title) M.D.				23b. ADDRESS Jefferson City, Mo.			
23c. DATE SIGNED 4-27-49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 4-29-49			
24c. NAME OF CEMETERY OR CREMATORY National Cemetery				24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.			
DATE REC'D BY LOCAL REG. April 27-1949				REGISTRAR'S SIGNATURE R. P. Davis M.D.			
525 FUNERAL DIRECTOR'S SIGNATURE Victor Buescher				ADDRESS Jefferson City Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 10 1949

MAY 11 1949

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. 3 315

working under my personal supervision.

Guy O. Shelton

Signed

Bill Branson
Student Embalmer

Signed

Victor Brucher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City 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.