S. No. 300
v. 10-48

FILED JUN 17 1949

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

20465

State File No.

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 42

79 0 0

**1. PLACE OF DEATH**
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brazeau Mo.
c. LENGTH OF STAY (in this place): 59 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brazeau Mo.
d. STREET ADDRESS (If rural, give location):

79 1 0 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Nolan
b. (Middle): E.
c. (Last): Byrd

**4. DATE OF DEATH** (Month) May (Day) 31 (Year) 1949

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** August 4 1889
**9. AGE** (In years last birthday): 59
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY:**
**11. BIRTHPLACE** (State or foreign country): Perry Co. Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Thomas R. Byrd
**13b. MOTHER'S MAIDEN NAME:** Lilly Hughey
**14. NAME OF HUSBAND OR WIFE:** Delphia Byrd

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, No, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT'S SIGNATURE OR NAME:** Delphia Byrd
**ADDRESS:** Brazeau 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis, Chronic — 2 years
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**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) m.
**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 18, 1947, *to* May 31, 1949, *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 8:00 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE:** Theodore Fischer (Degree or title) M.D.
**23b. ADDRESS:** Altenburg, Mo.
**23c. DATE SIGNED:** 6-2-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** June 3 1949
**24c. NAME OF CEMETERY OR CREMATORY:** Presbyterian Cemetery
**24d. LOCATION** (City, town, or county) (State): Brazeau Mo.

DATE REC'D BY LOCAL REG.: June 3, 1949
REGISTRAR'S SIGNATURE: Joe J. Zellmer 250 1
**25. FUNERAL DIRECTOR'S SIGNATURE:** Young & Sons
**ADDRESS:** Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 649-810

Date Filed 6-16-49

## 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 ..... Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2138

P. O. Address [illegible]

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.