

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38232

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5924</u>		Registrar's No. <u>397</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dresden</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles northwest Sedalia</u>				d. STREET ADDRESS (If rural, give location) <u>127 East Saline</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARVEY</u>		b. (Middle) <u>M.</u>		c. (Last) <u>BYRD</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>18,</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 11, 1903</u>	
9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR Months _____		11. IF UNDER 1 Hrs. Hours _____		12. IF UNDER 1 Min. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. contracting</u>		11. BIRTHPLACE (State or foreign country) <u>St. Clair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Byrd</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Saltzgaber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-10-5240</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude Byrd</u> ADDRESS <u>127 E. Saline Sedalia, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture, basal and crushed chest</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>train and automobile collision</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>28/14</u> <u>27</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office, etc.) <u>train crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Sedalia</u> (COUNTY) <u>Pettis</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/18/49 7:45 AM</u>		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>passenger truck hit by Missouri-Pacific train</u>			
22. I hereby certify that I attended the deceased from <u>11/18/49</u> as coroner, <u>19</u> ~~and that death occurred at~~ <u>7:45 AM</u> ~~from the causes and on the date stated above.~~							
23a. SIGNATURE <u>Chas. Gordon Kauffmann</u>		23b. ADDRESS <u>Coroner Pettis County</u>		23c. DATE SIGNED <u>11/18/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/19/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thane Ewing</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmers Statement on Reverse Side)

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

RECEIVED

NOV 21

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-49

MAR 1. 1950

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 _____

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.