

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3499

State File No.

FILED JAN 18 1951

BIRTH NO.		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6137</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Winona Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Near Winona, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				1010			
3. NAME OF DECEASED (Type or Print) <u>Lucy</u>		a. (First)		b. (Middle) <u>Byrd</u>		c. (Last)	
4. DATE OF DEATH <u>1-3-51</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>5-27-1907</u>		9. AGE (In years last birthday) <u>43</u>		10. MONTHS <u>7</u>		11. DAYS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Carter County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Byrd</u>		ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Byrd</u>		ADDRESS <u>Winona, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> 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. 260X				INTERVAL BETWEEN ONSET AND 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>Jan 3</u> , 19 <u>51</u> , to <u>Jan 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 2</u> , 19 <u>51</u> , and that death occurred at <u>12:30 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. S. Pallin, MD</u> (Degree or title)				23b. ADDRESS <u>Winona, Mo.</u>		23c. DATE SIGNED <u>1-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winona Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winona, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13-51</u>		REGISTRAR'S SIGNATURE <u>Mabel Kallis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil A. Leuckel</u>		ADDRESS <u>Van Buren, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1010

RECEIVED

JAN 16 1951

DISTRICT HEALTH OFFICE No. 6

File No.

OCT 23 1951

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 1-3-57

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.