

STANDARD CERTIFICATE OF DEATH

32614

State File No.

FILED OCT 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1062</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1815 Colhoun Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matthew</u>		b. (Middle) <u>Ray</u>		c. (Last) <u>Byford</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1951.</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 11, 1951.</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
		Months	Days	Hours
				<u>1</u> <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Andrew Byford</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Jean Huffman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Byford</u> ADDRESS <u>St. Joseph, Missouri.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permaternity</u> <u>5th Month</u>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
ANTECEDENT CAUSES				
Morbid 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>On 11</u> , 19 <u>51</u> , to <u>Oct 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 11</u> , 19 <u>51</u> , and that death occurred at <u>9:00P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl W. Casper</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>120 Francis St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>12 Oct 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 13, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City; town, or county) (State) <u>St. Joseph, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>OCT. 18, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Huffer</u> ADDRESS <u>St. Joseph, Mo.</u>

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

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.

Signed

Raymond W. Reheal

Licensed Embalmer No. 4413 MISSOURI

P. O. Address St. Joseph, Missouri

Signed *****
Student Embalmer

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.