

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40857**

FILED JAN 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **360**

1. PLACE OF DEATH a. COUNTY <b>Callaway 0143</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b> LENGTH OF (in this place) <b>5475</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>La Tour 0510</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Byrd</b> b. (Middle) <b>-</b> c. (Last) <b>Huiatt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-23-51</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>11/10/1886</b>	9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR Months <b>1</b> IF UNDER 1 MONTH Days <b>1</b> IF UNDER 1 HOUR Hours <b>1</b> Mins. <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common on Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>OK 9</b>	12. CITIZEN OF WHAT COUNTRY? <b>9</b>
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13a. FATHER'S NAME <b>OK</b>	13b. MOTHER'S MAIDEN NAME <b>OK</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>OK</b>	16. SOCIAL SECURITY NO. <b>OK</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital records</b> ADDRESS <b>Fulton, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy (cerebral)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arterio sclerosis</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 <b>334X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **12-23, 1951**, to **12-23, 1951**, that I last saw the deceased alive on **12-22, 1951**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. J. Miller, M.D.</b>	23b. ADDRESS <b>State Hospital Fulton, Mo</b>	23c. DATE SIGNED <b>12-23-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Holden Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 23-1951</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Combs &amp; Rapp</b> ADDRESS <b>Holden Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

**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

*M. L. Conroy*

Licensed Embalmer No. *3134*

P. O. Address

*Felden, Miss.*

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.