

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Shaffer

23594

State File No.

DEED JUL 15 1953

BIRTH NO. REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6121 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Birch Tree, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION No		d. STREET ADDRESS (If rural, give location) Rural 0	

3. NAME OF DECEASED (Type or Print) a. (First) Hugh b. (Middle) Robert c. (Last) Byrd		4. DATE OF DEATH (Month) July (Day) 2 (Year) 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 14- 1872
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Dent County Missouri		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME George Byrd		13b. MOTHER'S MAIDEN NAME Amanda Roberts		14. NAME OF HUSBAND OR WIFE Eugenia 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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Eugenia Byrd, Birch Tree, Mo ADDRESS	

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.		19. MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. DUE TO (c) 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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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)		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 **2/10**, 19**51**, to **7/2**, 19**53** that I last saw the deceased alive on **6/28**, 19**53**, and that death occurred at **10:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE James R. Shaffer (Degree or title) DO.		23b. ADDRESS Mtn View Mo.		23c. DATE SIGNED 7/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 5 1953		24c. NAME OF CEMETERY OR CREMATORY Stonehill Cem	
24d. LOCATION (City, town, or county) Salem Mo		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo ADDRESS	

DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE Mabel Roel 447		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo ADDRESS	
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(Signed Embellish Statement on Reverse Side)

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

JUL 24 1958

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. 4325

P. O. Address Fort View, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.