

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24676**  
**3662**

FILED AUG 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krestwoods Med. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>2447 Myrtle</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lawrence</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Byrd</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Feb. 23, 1899</u>		9. AGE (In years last birthday) <u>54</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Termite Exterminating - Self</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Amy, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				13a. FATHER'S NAME <u>Andrew J. Byrd</u>			
13b. MOTHER'S MAIDEN NAME - <u>Jane Carroll</u>				14. NAME OF HUSBAND OR WIFE <u>Mayme V. Byrd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mayme V. Byrd</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.				19. ADDRESS <u>1524 Kensington</u>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Deferium Tremens</u>				4 days			
DUE TO (c) <u>Chronic alcoholism</u>				3221			
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>7-21, 1953</u> , to <u>7-24, 1953</u> , that I last saw the deceased alive on <u>7/24, 1953</u> , and that death occurred at <u>9:09 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Lakay</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2700 Tracy St. K.C. Mo.</u>		23c. DATE SIGNED <u>7/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-25-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp &amp; Sons</u>			
				ADDRESS <u>4139 Truman Rd. K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10  
28  
1900

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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.....  
Signature of Student Embalmer

Signed..... *William H. Egan*

Licensed Embalmer No. *4728*

P. O. Address *H. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.