

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **886**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Springfield 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 Handley Hospital		e. STREET ADDRESS (If rural, give location) 1128 Pythian Street 0396	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) RICHARD c. (Last) BYRD			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5 March 1888		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (City and State or Foreign Country) Edwards, Missouri
				12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Byrd		13b. MOTHER'S MAIDEN NAME Mary Carpenter		14. NAME OF HUSBAND OR WIFE Gladys Byrd
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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) Yes W.W. I		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Gladys Byrd, 1128 Pythian Street, Springfield, Missouri.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 WKS
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		
		DUE TO (c) Generalized arteriosclerosis		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease with		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION myocardial insufficiency		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) m.		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 **9-1-** 19**50**, to **2-10-** 19**54**, that I last saw the deceased alive on **2-10-** 19**54**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. M. Klingner M.D.		23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 2-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 14 Feb. 1954		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery
				24d. LOCATION (City, town, or county) (State) Springfield, Missouri.

DATE REC'D BY LOCAL REG. 2-13-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul C. Thiem, Springfield, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 1954

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.....
Licensed Embalmer No. 36

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.