

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5792

|   |  |  |                             |  |
|---|--|--|-----------------------------|--|
| BIRTH NO. FILED MAR 4 1954  |  | REG. DIST. NO. 34  | PRIMARY REG. DIST. NO. 6036 | Registrar's No. 4021   |
| 1. PLACE OF DEATH<br>a. COUNTY Riple  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Riple |                             |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shirley  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shirley                               |                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Doniphan, Mo. R.F.D.# 7   |  | d. STREET ADDRESS (If rural, give location) Doniphan, Mo. R.F.D.# 7  |                             |  |
| 3. NAME OF DECEASED<br>(Type or Print) Kirk   |  | a. (First) J.  | b. (Middle) Byrd            | c. (Last)  |
| 4. DATE OF DEATH Jan. 7, 1954   |  | 5. SEX Male  |                             |  |
| 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |                             |  |
| 8. DATE OF BIRTH Nov. 17, 1882  |  | 9. AGE (In years last birthday) 71   |                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  |  | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture  |                             |  |
| 11. BIRTHPLACE (City and State or Foreign Country) Beardstown, Tenn.  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |                             |  |
| 13a. FATHER'S NAME Sam Byrd   |  | 13b. MOTHER'S MAIDEN NAME Jane Whitwell  |                             | 14. NAME OF HUSBAND OR WIFE Maude Byrd                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  |  | 16. SOCIAL SECURITY NO. None   |                             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Byrd Doniphan, Mo. Rt.#7 |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage<br><br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH   |                             |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION 331 X   |                             |  |
| 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) 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 1-15-54, to 1-7-54, that I last saw the deceased alive on 1-1-54, and that death occurred at 7:30 A. m., from the causes and on the date stated above.   |  |  |                             |  |
| 23a. SIGNATURE C. W. Smith  |  | 23b. ADDRESS Doniphan, Mo.   |                             | 23c. DATE SIGNED 2/12/54   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE Jan. 9, 1954   |                             | 24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery                       |
| 24d. LOCATION (City, town, or county) (State) Ripley County, Mo.  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwards Funeral Home Doniphan, Mo.  |                             |  |

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed

*Gene Harren*  
Licensed Embalmer No. 4809  
P. O. Address Doniphan, Mo

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.