

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

FILED JUN 20 1955

# STANDARD CERTIFICATE OF DEATH

1963

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>2052</u>		Registrar's No. <u>1255</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>SEDALIA, Missouri</u> c. LENGTH OF STAY (in this place) <u>township</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u> c. CITY OR TOWN <u>WARSAW</u> <u>2089</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>ROUTE 3 6 miles S. E</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u> b. (Middle) <u>Cosby</u> c. (Last) <u>Byrd</u>				4. DATE OF DEATH (Month) <u>June</u> (Day) <u>7</u> (Year) <u>1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 19, 1884</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilson Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Luanne Tapt</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Stella Byrd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or date of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>500-20-0723</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Byrd Warsaw, Mo</u> ADDRESS <u>5810</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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Cirrhosis, Hypertrophic</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>—</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>8 wks.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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 <u>Apr. 24, 1955</u> , to <u>June 7, 1955</u> , that I last saw the deceased alive on <u>June 7, 1955</u> , and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. Rhodes M.D.</u> (Degree or title) <u>C</u>				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>June 8, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fredonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-13-55</u>		REGISTRAR'S SIGNATURE <u>James Coontz, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Preser</u>		ADDRESS <u>Warsaw, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*John F. Reser*

Licensed Embalmer No. ....

P. O. Address *Waco*

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

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