

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

25332

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG.—DIST. NO. <u>1000</u> | | Registrar's No. <u>914</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (If this place) <u>1 wk</u> | | c. CITY OR TOWN <u>Faucett</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Metho. Hospital</u> | | | | f. STREET ADDRESS (If rural, give location) <u>Route #1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>BYRD</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 15, 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>Feb. 19, 1902</u> | |
| 10a. 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>farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Michael Byrd</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Eskridge</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leona 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 ADDRESS <u>Mrs. Leona Byrd, RR #1, Faucett, Mo.</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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lungs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>163x.</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>July 28</u> , 19 <u>55</u> , to <u>August 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>August 15</u> , 19 <u>55</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Chen W. Wang M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Tootle Bldg., St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>Aug 17 1955</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Aug 17, 1955</u> | | 24c. NAME OF CEMETERY, OR CREMATORY <u>Turner Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wallace, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 25, 1955</u> | | REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. ...</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1954

DEC 2 1955

DEC 2 1955

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. 398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's 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.