

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED DEC 14 1955**

State File No. **39448**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6198** Registrar's No. **45**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>TEXAS</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CASS Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CASS Twp.</b>	
c. LENGTH OF STAY (in this place) <b>17 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR, Solo, MO.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>BYRD</b> c. (Last) <b>BYRD</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12-6-55</b>				
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>4-22-1876</b>	<b>9. AGE</b> (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>CASS Twp.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>William BYRD</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ELIZA Gobble</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>also Byrd</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Morgan Byrd, Solo, Mo.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid 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. <b>H201</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) - (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** on Dec 5, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Dec 5, 1955, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <i>Garrett Cunniff</i>	<b>23b. ADDRESS</b> <b>Cabool MO</b>	<b>23c. DATE SIGNED</b> <b>Dec 7 1955</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>12-9-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>NEW HOPE</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Solo, MO.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>12-7-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Garrett Cunniff</i>	<b>325-</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>Elliot - Sentry, Cabool, Mo.</i>
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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 .....  
Student Embalmer

Signed *James L. Hentry* .....  
Licensed Embalmer No. *4710*

P. O. Address *Calver, 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.