

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33888

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 4331

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Inside Limits</u> <u>Yes</u> ☐ <u>No</u> ☐		c. CITY OR TOWN <u>Topeka</u> <u>8158</u>		Inside Limits <u>Yes</u> ☐ <u>No</u> ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Roanoke Nursing Home</u> <u>2 yrs.</u>			d. STREET ADDRESS (If outside, give location) <u>X</u>		
3. NAME OF DECEASED (Type or print) First <u>EIDITH</u> Middle <u>MAY</u> Last <u>BYRD</u>			4. DATE OF DEATH Month <u>OCT</u> Day <u>4</u> Year <u>1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>APRIL 17, 1932</u> <u>74</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>TOPEKA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>EDGAR WICKERSHAM</u>		
14. MOTHER'S MAIDEN NAME <u>WILLIAM SNOW</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		
16. SOCIAL SECURITY NO. <u>—</u>			17. INFORMANT NAME, Address <u>MRS. JAMES CLARK</u> <u>LAKE TAHOE, CALIF., MO.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac dilatation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma left lung</u> DUE TO (c) <u>Carcinoma left breast 1908</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 months</u> <u>3 years</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1954</u> to <u>Oct 4, 1956</u> and last saw her alive on <u>Oct 2, 1956</u> Death occurred at <u>4:42 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Herbert Shuey M.D.</u>		22b. ADDRESS <u>3903 Brooklyn K.C., Mo.</u>		22c. DATE SIGNED <u>10-4-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-4-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>331 BRUSH CREEK</u>	
23d. LOCATION (City, town, or county) (State) <u>TOPEKA, KANSAS</u>		24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> <u>K.C., MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-56</u>	
26. REGISTRAR'S SIGNATURE <u>Mona Munsell</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Herbert Shuey, M.D.

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Everett L. Smith*.....

Licensed Embalmer No. *52*

P. O. Address *H. C. 7*

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.