

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **36844**
 Registrar's No. **23**

FILED OCT 29 1956

BIRTH NO. _____		REG. DIST. NO. 371		PRIMARY REG. DIST. NO. 6260		Registrar's No. 23		
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL EDWARDS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL E. DALLAS				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE b. (Middle) E c. (Last) BYRD			4. DATE OF DEATH (Month) (Day) (Year) SEPT 27 1956					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN 20 1872		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME AUGUST MEYER			13b. MOTHER'S MAIDEN NAME ELIZABETH SMITH			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ELSTON BYRD SEYMOUR R3				
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No operations					20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Sept 2, 1956 , to Sept 27, 1956 , that I last saw the deceased alive on Sept 27, 1956 and that death occurred at 12:15 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) A.R. Schultz, M.D.				23b. ADDRESS Ford Land, Mo.		23c. DATE SIGNED 10/1/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-30-1956		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL		24d. LOCATION (City, town, or county) WEBSTER CO. MO (State) _____		
DATE REC'D BY LOCAL REG. 10-26-56		REGISTRAR'S SIGNATURE Opal M. Good		25. FUNERAL DIRECTOR'S SIGNATURE BARBER EDWARDS		ADDRESS MARSHFIELD		

(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 _____

R. W. Barber

Licensed Embalmer No. _____

3848

P. O. Address _____

Mtn Grove 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.