

FILED JAN 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40474**BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3009 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 11 yrs.	c. CITY OR TOWN Mexico		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 716 West Breckenridge			e. STREET ADDRESS (If rural, give location) 716 West Breckenridge		
3. NAME OF DECEASED (Type or Print) WILLIAM A. BYRD			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH Dec. 29, 1956			(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1892		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Man.	10b. KIND OF BUSINESS OR INDUSTRY Auto Supply		11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William H. Byrd		13b. MOTHER'S MAIDEN NAME Sallie Ramsey		14. NAME OF HUSBAND OR WIFE Mable Byrd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-05-6680		17. INFORMANT'S SIGNATURE OR NAME Mrs. William A. Byrd ADDRESS Mexico, Mo		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 3 weeks 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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 4201		(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>12-12</u> , 19 <u>56</u> , to <u>12-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>56</u> , and that death occurred at <u>12 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE Ernest S. Gantt (Degree or title) MD		23b. ADDRESS Mexico, Mo		23c. DATE SIGNED 12-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 31-56	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) Mexico	(State) Mo.	
DATE REC'D BY LOCAL REG. Dec 31-1956	REGISTRAR'S SIGNATURE Blanche Neely		FUNERAL DIRECTOR'S SIGNATURE Orrett-Houston		ADDRESS Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

9-0

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.....
Earl J. Puck

Licensed Embalmer No...3189...

P. O. Address..Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.