

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1957

State File No. **39791**

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| BIRTH NO. _____ | | REG. DIST. NO. 100 | | PRIMARY REG. DIST. NO. 5391 | | Registrar's No. 93 | |
| 1. PLACE OF DEATH a. COUNTY Dent County, Mo. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Texas TWP. | | c. LENGTH OF STAY (In this place) - | | c. CITY OR TOWN Salem, Missouri | | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Texas TWP. Hwy. 32 West. | | | | e. STREET ADDRESS (If rural, give location) Iron Street, Salem, Missouri | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Charles | | b. (Middle) William | | c. (Last) Byrd | |
| 4. DATE OF DEATH (Month) (Day) (Year) 11 11-1957 | | 5. SEX <input checked="" type="checkbox"/> Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Never Married | |
| 8. DATE OF BIRTH July 18, 1944 | | 9. AGE (In years last birthday) 13 | | 10. UNDER 1 YEAR Months Days | | 11. UNDER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X | | 10b. KIND OF BUSINESS OR INDUSTRY X | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Charles Ernest Byrd | | 13b. MOTHER'S MAIDEN NAME Eva Irene Mendenhall | | 14. NAME OF HUSBAND OR WIFE X | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Byrd, Salem, Missouri | | | |
| 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) Came to his death by Accident ANTECEDENT CAUSES which was unavoidable - (Tony Kadiet) 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. | | | | INTERVAL BETWEEN ONSET AND 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) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 32 - 16 mi. west of Salem | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salem 233 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 AM from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Raymond B. Powell, D.C. Coroner | | | | 23b. ADDRESS Salem, Mo. | | 23c. DATE SIGNED 11-11-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-13-57 | | 24c. NAME OF CEMETERY OR CREMATORY Cedar Grove | | 24d. LOCATION (City, town, or county) (State) Salem, Missouri | |
| DATE REC'D BY LOCAL REG. 11/13/57 | | REGISTRAR'S SIGNATURE M. M. Hart | | FUNERAL DIRECTOR'S SIGNATURE M. J. L. P. M. O'Neil | | ADDRESS Salem, Mo. | |

(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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.