

FILED JAN 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45432

STATE FILE NUMBER

Registration District No.

001

Primary Registration District No.

6032

Registrar's No.

2422

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Doniphan Township</u> TOWN <u>Doniphan</u> Inside Limits Yes ☐ No ☒		c. CITY <u>ALLEN TON, MISSOURI</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>6 Mi. E. of Doniphan, Mo.</u> Length of stay in 1b <u>3 weeks.</u>		d. STREET ADDRESS (If outside, give location) <u>600</u> Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Marshall</u> Last <u>Byrd.</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>13</u> Year <u>1957.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>Aug. 30, 1897.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	9. AGE (In years last birthday) <u>80.</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
11. BIRTHPLACE (City and state or country) <u>Tennessee.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Thomas Henry Byrd-</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Frances Carter.</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Byrd (Deceased)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>498-10-0288</u>		17. INFORMANT <u>Walter L. Byrd, Doniphan, 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>Acute Myocardial Infarction.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease.</u> DUE TO (c) <u>Advanced Age.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			INTERVAL BETWEEN ONSET AND DEATH <u>About 4 days.</u> <u>Unknown.</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, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>		20d. INJURY OCCURRED WHILE AT ☐ 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>Nov. 29, 1957</u> to <u>Dec. 13, 1957</u> and last saw him alive on <u>Dec. 9, 1957.</u> Death occurred at <u>8:30</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>J. L. Smith, D.O.</u> 22b. ADDRESS <u>Deleville, Mo.</u> 22c. DATE SIGNED <u>12-16-57.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 16, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DRY BAYOU CEMETERY, PEMISCOT COUNTY, Mo.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Ray Measat, Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-23-57</u>	26. REGISTRAR'S SIGNATURE <u>Ed. Johnston</u>	

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 Ray Means

Licensed Embalmer No. 3243

P. O. Address Donipham,

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.