

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006486  
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>MILLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MILLER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eldon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Eldon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>104 S. WALNUT</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>S. GRAND</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>EFFIE ADELINE Byrd</b>			4. DATE OF DEATH Month Day Year <b>JAN. 16, 1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 22, 1889</b>		9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>LACLEDE Co., MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>THOMAS GIER</b>		13b. MOTHER'S MAIDEN NAME <b>SARA JANE LAWRENCE</b>		14. NAME OF HUSBAND OR WIFE <b>ELIJAH BYRD</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>HARLEY BYRD, KANSAS CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Haemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arteriosclerosis</b>					
DUE TO (c) <b>hypertension</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at <b>Jan 14 '58 11:05 PM</b> to <b>Jan 16 '58</b> and last saw her alive on <b>Jan 16 '58</b> him on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. O. Sweet MD</b>			22b. ADDRESS <b>Eldon MO</b>		22c. DATE SIGNED <b>Jan 18 '58</b>
23a. BURIAL, CREMATION, REMOVAL* (Specify) <b>BURIAL</b>		23b. DATE <b>JAN. 19, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW HOPE</b>		23d. LOCATION (City, town, or county) (State) <b>KAISER MO.</b>
24. FUNERAL DIRECTOR <b>Louis S. Phillips</b>		ADDRESS <b>Eldon, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 19, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Ed. Veretta Waltz</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

**MAR 4 '58**

**Miller County  
Health Department**

**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 *Samuel A. Phillips* .....

Licensed Embalmer No. *3663* .....

P. O. Address *bedon* .....

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.