

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027925

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 337 Primary Registration District No. 4498 Registrar's No. 57

S. 300
1-57

1. PLACE OF DEATH a. COUNTY SHELBY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SHELBY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HUNNEWELL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HUNNEWELL 1020		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CENTER & SPRUCE		Length of stay in 1b 40YRS	d. STREET ADDRESS CORNER CENTER & SPRUCE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HAMILTON YANCEY BYRD			4. DATE OF DEATH Month Day Year JULY 12th 19 58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 13, 1877		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 80 8 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING.	11. BIRTHPLACE (City and state or country) MARION COUNTY, MISSOURI.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN A BYRD		13b. MOTHER'S MAIDEN NAME MARY ETTA KINCAID		14. NAME OF HUSBAND OR WIFE MAE ELLA JACKSON BYRD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO; unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-22-5936		17. INFORMANT Address Mrs Mae Byrd Hunnewell Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____ 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ to _____ and last saw her/him alive on _____ Death occurred at about 4 AM _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Carl Musgrave Brown			22b. ADDRESS Bethel Mo		22c. DATE SIGNED 7/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-14-1958	23c. NAME OF CEMETERY OR CREMATORY STJUDES CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI
24. FUNERAL DIRECTOR Wilson & Sons		ADDRESS MONROE CITY, MO	25. DATE RECD. BY LOCAL REG. July 14-58	26. REGISTRAR'S SIGNATURE Ada Garrison	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUL 23 1958

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L Wilson.....

Licensed Embalmer No. 3014.....
P. O. Address Monroe City.....

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.