

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043667
STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY DENT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALEM		c. CITY OR TOWN DONIPHAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KNOX NURSING Home 2 mo.		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY	
3. NAME OF DECEASED (Type or print) First John Middle MAXCY Last Byrd		4. DATE OF DEATH Month Dec. Day 1 Year 1958	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 15, 1980
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		11. BIRTHPLACE (City and state or country) PERCY COUNTY TENN.	
13a. FATHER'S NAME Sam Byrd		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address CLARENCE Byrd - Doniphan, 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) CARDIO-VASCULAR-RENAL DISEASE DUE TO (b) HYPERTENSION DUE TO (c) ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH	
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 4:42x Month, Day, Year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.)	
21. I attended the deceased from Nov 5, 1958 to Dec 1, 58 and last saw him alive on Nov 26, 1958		22a. SIGNATURE Joseph R. Brown (Degree or title)	
22b. ADDRESS Polasi, Mo.		22c. DATE SIGNED 12/5/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-3-58	
23c. NAME OF CEMETERY OR CREMATORY Bellview Cemetery		23d. LOCATION (City, town, or county) (State) Ripley County, Mo	
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 12/10/58	
26. REGISTRAR'S SIGNATURE m m Hart m d / AM			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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

Thomas M. Emmons

Licensed Embalmer No. *5064*.....

P. O. Address *Remington,*

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.