

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012771

State File No.

FILED APR 16 1959

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY OR TOWN <u>RURAL</u> <u>0280</u> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 2 mi. E-STEELVILLE, MO.</u>		e. STREET ADDRESS (If rural, give location) <u>2 mi. E.-STEELVILLE, Mo.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>CLARENCE</u>	c. (Last) <u>BYARD</u>	(Month) <u>APRIL</u>	(Day) <u>5</u>	(Year) <u>1959</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 2-1883</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ALTON, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM BYARD</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH PIKE</u>	14. NAME OF HUSBAND OR WIFE <u>EFFIE IRENE BYARD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-28-8338</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WILLIAM BYARD-STEELVILLE Mo.</u> ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Influenza</u>		
	ANTECEDENT CAUSES		

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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. <u>Emphysema, senile Surgery Feb. 3, 1959</u>		<u>405 years.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>481X</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Mar 2, 1956 to Apr. 5, 1959, that I last saw the deceased alive on Apr 5, 1959, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Do not write name)	23b. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>4/9/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-7-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STEELVILLE Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/11/59</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichina</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Walker</u> ADDRESS <u>STEELVILLE, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

STATEMENT BY LICENSED EMBALMER

APR 20

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 S. Gilbert*

Licensed Embalmer No. *4332*

P. O. Address *St. Louisville*

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.