

# FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE

## FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-020328

FILED JUL 9 1959 11

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5045 Registrar's No. 52

UNDECEASED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wheaton Twp.</u> Length of stay in 1b <u>57 yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY OR TOWN <u>Wheaton, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wheaton, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Mary</u> Middle <u>Ann</u> Last <u>Byrd</u>			<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>28</u> Year <u>1959</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-13-1862</u>	<b>9. AGE</b> (last birthday) <u>97</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Maries County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Aberham Vanderpool</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy Vineyard</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Albert J. Byrd (Deceased)</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Mrs Thomas Post Wheaton, Mo.</u>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Paralysis of Left Side</u> DUE TO (b) <u>Heart was very much enlarged</u> DUE TO (c) <u>Senile Debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		<b>21. I attended the deceased from</b> <u>1958 to 1959</u> and last saw her <u>just - 79</u> him alive on <u>June 28 1959 10:00 A.M.</u> Death occurred at <u>June 28 1959 10:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22. SIGNATURE</b> (Degree or title) <u>Les D Freeman M.D.</u>		<b>22b. ADDRESS</b> <u>Burby</u>		<b>22c. DATE SIGNED</b> <u>7-2-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>7-1-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Muncie Chapel Cem.</u>	
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Wheaton, Mo. Mo</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Wm Morris Pope Wheaton</u>			
<b>25. DATE RECD. BY LOCAL REG.</b> <u>July 3-1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Grace Williams</u>			

(License and Address of Registrar on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 James Kenneth Owen

Licensed Embalmer No. 4767

P. O. Address Wheaton

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.