

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-010434

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		Length of stay in 1b <u>40 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>908 E. 2. St</u>	
3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>FRANKLIN</u> Last <u>BYRD</u>		4. DATE OF DEATH Month <u>3</u> Day <u>28</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>2/14/1914</u>
9. AGE (last birthday) <u>46</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months <u>3</u> Days <u>17</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>public works</u>	
11. BIRTHPLACE (City and state or country) <u>Kennett Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs Sarah Nations</u>	
14. NAME OF HUSBAND OR WIFE <u>Joyce Lee Byrd</u>		Address <u>908 E. 2. St</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Joyce Lee Byrd</u>		Address <u>Kennett Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Blastomycosis, systemic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u>Kennett</u>	COUNTY <u>MO</u> STATE <u></u>
21. I attended the deceased from <u>17 Feb 60</u> to <u>28 Mar 60</u> and last saw her alive on <u>28 Mar 60</u> Death occurred at <u>2:12 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William E. Monhead, M.D.</u>		22b. ADDRESS <u>Kennett, Mo</u>	22c. DATE SIGNED <u>1 Apr 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/1/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>
24. FUNERAL DIRECTOR <u>W. E. Emmer</u>	ADDRESS <u>Jamshoro Ave</u>	25. DATE RECD. BY LOCAL REG. <u>4-5-1960</u>	26. REGISTRAR'S SIGNATURE <u>Carl J. Lush</u>

(Licensed Embalmer's Statement 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. T. Emerson

Licensed Embalmer No. 352

P. O. Address Jamesboro

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.