

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010829

FILED VS APR 4 1960

149

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1673

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 5 months		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1108 E. 24th St.		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1108 E. 24th St.		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWARD Last BYRD				4. DATE OF DEATH Month March Day 19, Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9-29-1959	9. AGE (last birthday) Months 5 Days 21	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kans. City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Byrd		13b. MOTHER'S MAIDEN NAME Betty Rose Green		14. NAME OF HUSBAND OR WIFE Betty Byrd 1108 E. 24th St.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Betty Byrd 1108 E. 24th St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Bronchopneumonia DUE TO (b) Acute Bronchopneumonia DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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.) None					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
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.) 3-17-60	20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson	STATE MO		
21. I attended the deceased from 3-17-60 to 3-19-60 and last saw him alive on 3-19-60 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Henry B. Lyons M.D.				22b. ADDRESS 1605 East 18th St		22c. DATE SIGNED 3/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-22-60	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) Kans. City, Missouri		23e. REGISTRAR'S SIGNATURE Reva Marshall	
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton		25. DATE RECD. BY LOCAL REG. 3-22-60		26. REGISTRAR'S SIGNATURE Reva Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Henry B. Lyons

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 Dr. R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.