

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010830

FILED VS APR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1741 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 15 yrs.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS 3007 East 59th. St. (If outside, give location)	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) CLYDE BERNARD BYRD		4. DATE OF DEATH Month March Day 24 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7-22-97
9. AGE (last birthday) 62		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done Mo. Kan. Tex. (If deceased worked for life, even if retired)) Mon. Kan. Tex.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernard Byrd		13b. MOTHER'S MAIDEN NAME D. Cordell	
14. NAME OF HUSBAND OR WIFE Rebekah Byrd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes unknown) (If yes, give WW or type of service) WW	
16. SOCIAL SECURITY NO. 494-09-2403		17. INFORMANT Richard R. Byrd(Son) 4950 N. Quincy K. C. North 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) <u>Cirrhosis of liver (cardiac)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>1 yr</u>
--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
---	--	--

20c. TIME OF INJURY Hour 8.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--	--

21. I attended the deceased from 12-27-50, to 3-24-60 and last saw him alive on 3-22-60 Death occurred at 3-24-60 1:30pm on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) D. R. Lyddon, Jr.	22b. ADDRESS 1037 E. 75th St. MO	22c. DATE SIGNED 3-25-60
--	-------------------------------------	-----------------------------

23a. BURIAL, CREMATION, ETC. Cremation	23b. DATE 3-26-60	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's	23d. LOCATION (City, town, or county) Kansas City, Missouri (State)
---	----------------------	--	--

24. FUNERAL DIRECTOR Spine & McClure, Kansas City, Missouri.	25. DATE RECD. BY LOCAL REG. 3-25-60	26. REGISTRAR'S SIGNATURE Neve Marshall
---	---	--

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 Thomas A. Gaudier

Licensed Embalmer No. 4995

P. O. Address R.C., N.

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.