

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1960

-60-039316

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Benton</u>		c. CITY OR TOWN <u>Rural-Benton</u>	
Length of stay in 1b <u>10 yrs.</u>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the Home</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last <u>John</u> <u>aller</u> <u>Byrd</u>			4. DATE OF DEATH Month Day Year <u>Oct.</u> <u>22</u> - <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>Nov. 7-1863</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Adam Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Charat Elyakett</u>	
14. NAME OF HUSBAND OR WIFE <u>Charat Byrd - Halfway, Mo.</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>No</u>	
17. INFORMANT <u>Charat Byrd - Halfway, 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>Biliary tract obstruction, 3 weeks</u> Cause undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	

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 a.m. p.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 <u>June 10, 1956</u> to <u>Oct. 17, 1960</u> and last saw him alive on <u>Oct 17, 1960</u> Death occurred at <u>9:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Evelyn Griffin, M.D.</u> (Degree or title)		22b. ADDRESS <u>Buffalo, Mo.</u>	
22c. DATE SIGNED <u>Oct 27, '60</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 25-60</u>	
23c. NAME OF CEMETERY OR CREMATION <u>Int. View</u>		23d. LOCATION (City, town, or county) <u>Polk Co.</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Edney J. Pitts - Pol. Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Oct. 28, 1960</u>	
26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>		27. DATE RECD. BY LOCAL REG.		28. REGISTRAR'S SIGNATURE	

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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 *Sidney J. Pitts*

Licensed Embalmer No. 4939

P. O. Address *Bel. Me*

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.