

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000882

FILED VS JAN 16 1961

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 3

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		c. CITY OR TOWN Owensville	
Length of stay in lb lifetime		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Lincoln St.		d. STREET ADDRESS (If outside, give location) W. Lincoln St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Douglas Byrd		4. DATE OF DEATH Month Day Year January 8, 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-21-1910
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kiln Operator		10b. KIND OF BUSINESS OR INDUSTRY General Chemical	
11. BIRTHPLACE (City and state or country) near Owensville, Mo. USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Dave Byrd		13b. MOTHER'S MAIDEN NAME Margaret Jenkins	
14. NAME OF HUSBAND OR WIFE Ada Jones Byrd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII		16. SOCIAL SECURITY NO. 486-18-5171	
17. INFORMANT Mrs. Ada Byrd Owensville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Associated to Acute Myocardial Infarction DUE TO (b) Coronary Artery Disease DUE TO (c) 12th 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec 27-60 to Jan 8-61 and last saw him alive on Jan 7 1961 Death occurred 4 A. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles H. Smith M.D.		22b. ADDRESS Gerald W. Smith	
22c. DATE SIGNED 1-9-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-10-1961	
23c. NAME OF CEMETERY OR CREMATORY Burchard Cemetery		23d. LOCATION (City, town, or county) (State) near Owensville, Mo.	
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home		25. DATE RECD. BY LOCAL REG. January 10, 1961	
26. REGISTRAR'S SIGNATURE Mrs. Maurine Jappmeyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

TE
B

JAN 19 1961

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 Jerry A. Thompson, Student Embalmer No. 624
working under my personal supervision.

Student Jerry A. Thompson
Signature of Student Embalmer

Signed Michael H. H. White

Licensed Embalmer No. 3838

P. O. Address OWEN SUTLER

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.