

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH						3713 -61-029153	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE						STATE FILE NUMBER	
AMENDED		Registration District No. 149		Primary Registration District No. 1002		Registrar's No.	
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 38 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA General Hospt.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2600 Benton Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First ELMIRA Middle Anna Last BYRD		4. DATE OF DEATH		Month 7-22-61 Day Year	
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-15-1923	
9. AGE (last birthday) 38 yrs		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Eddie Peters		13b. MOTHER'S MAIDEN NAME Florence White		14. NAME OF HUSBAND OR WIFE Hartwell Byrd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT Hartwell Byrd		Address 2600 Benton Blvd.	
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 Myocardial Insufficiency.		INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic Myocarditis					
		DUE TO (c) Arteriosclerosis					
		Chronic Myocarditis					
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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____, to _____, and last saw her alive on _____.		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 7/25/61			
23a. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		23b. DATE 7-29-61		23c. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-26-61		26. REGISTRAR'S SIGNATURE Ruth Long	
Watkins Bros. Funeral Home 18th & Benton							

(Licensed Embalmer's Statement on Reverse Side)

DATE AWENED 8/24/61
INSTEAD OF 8/24/61
Chronic myocarditis
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Attending physician
18b Chronic Myocarditis
18c Arteriosclerosis
18d
18e

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Michael Green

Licensed Embalmer No. 4721

P. O. Address 18th & Benton

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.