

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036425

STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 105

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Spring creek</u>		Length of stay in 1b <u>3 yrs</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>68 H W rt 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <u>route 2</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edith</u> Middle <u>Celeste</u> Last <u>Byrd</u>		4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1961</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 10-87 74</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>	
13a. FATHER'S NAME <u>John Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>no available</u>	
14. NAME OF HUSBAND OR WIFE <u>Herbert Byrd</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>X</u>		17. INFORMANT <u>Aubry Pavy</u> Address <u>rt 2 Salem 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>acute myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chronic myocarditis (decompensated)</u> DUE TO (c) _____ 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 <u>3 weeks</u> <u>3 yrs</u>	
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.) <u>1950</u>	
20f. CITY, TOWN, OR LOCATION <u>12-26-61</u>		COUNTY <u>12-21-61</u> STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. D. Inc. Ford</u> (Signature or title) <u>DD.</u> 22b. ADDRESS <u>Salem, mo</u> 22c. DATE SIGNED <u>10-27-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10-29-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>North Lawn Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Dent Co Missouri</u>	
24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>10/27/61</u>	
26. REGISTRAR'S SIGNATURE <u>M. M. [Signature]</u>		27. REGISTRAR'S SIGNATURE <u>M. M. [Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Carl H. Spina

Licensed Embalmer No.

2376

P. O. Address

St. Louis, Mo.

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.