

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2309-62-015133
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

VS 300
Rev. 4/59

1

2 30 68
3

4 1

5 0

6

7 1

8 2

9 422.1

10

11

12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Paul Wright, M.D. MEDICAL CERTIFICATION

1. FILED DATE MAY 14 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	a. STATE Mo	b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City over Joya	Length of stay in 1b	c. CITY OR TOWN Kansas City	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CREEK PARK N.H. 300 Benton	Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 132 So. Belmont	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED First Middle Last EDNA WINERED BYRD		4. DATE OF DEATH Month Day Year 4 - 26 - 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7/6/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (office)		10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (City and state or country) Ladoga, Ind
13a. FATHER'S NAME Oliver W. Byrd		13b. MOTHER'S MAIDEN NAME Ella J. Johnson	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-07-6136	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT Jack Pascoe	
IMMEDIATE CAUSE (a) arterio-sclerotic cardiac vascular lesion		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) advanced years.			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) senile mental changes		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 a.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 Apr 18-62 to Apr 24-62 and last saw her alive on Apr 24-62. Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R Paul Wright M.D.		22b. ADDRESS 1324 Prof. H. H. H.	22c. DATE SIGNED Apr 27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/28/1962	23c. NAME OF CEMETERY OR CREMATORY Wellsville Farm	23d. LOCATION (City, town, or county) Wellsville, Kansas
24. FUNERAL DIRECTOR C. H. Blackman	ADDRESS 1501 E. 15th St.	25. DATE RECD. BY LOCAL REG. 4-27-62	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Julius B. Baird

Licensed Embalmer No.

4888

P. O. Address

RC 24, 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.