

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026086

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 847

STATE FILE NUMBER

VS 300
Rev. 4/591 5117
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
ST. Melaney M.D. MEDICAL CERTIFICATION

1. PLACE OF BIRTH JUL 30 1962 a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 40 Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 Clayton Street		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS 210 Clayton Street		Inside Limits Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Estil Young Strawn Byrd		4. DATE OF DEATH Month Day Year July 17, 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Oct. 2, 1921
9. AGE (last birthday) 40		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Fruit Markets	
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry A. Byrd		13b. MOTHER'S MAIDEN NAME Lila M. Brown	
14. NAME OF HUSBAND OR WIFE Hattie M. Byrd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 487-14-9769		17. INFORMANT Mrs Lila M. Byrd, 1002 Douglas St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock and Intracranial Hemorrhage at once Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Due to blows on head withh Axe at once 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. ☐ Yes ☐ No ☐ Unknown		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.) Blows on head by wife with axe	
20c. TIME OF INJURY Hour a.m. 3 Month, Day, Year 7 17/62	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.) 210 Clayton St Saint Joseph Buchanan Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ and last saw him alive on 7-17-62 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Viewed ST. Melaney M.D. 22b. ADDRESS 214 N. Kirkwood St. St. Joseph, Mo. 64504 DATE SIGNED 7/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri
24. FUNERAL DIRECTOR Wm. H. Alexander, St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 20, 1962	26. REGISTRAR'S SIGNATURE Mrs Clark Hardell	

(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

William H. Alexander

Licensed Embalmer No. 4450

P. O. Address

St. Joseph, 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.