

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035263

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 141

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 15 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in lb 2 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 N. Water St.		d. STREET ADDRESS (If outside, give location) 520 N. Water St.	
3. NAME OF DECEASED (Type or print) First Middle Last Francis M. Byrd		4. DATE OF DEATH Month Day Year Oct. 12 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12/24/17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11a. FATHER'S NAME Claude Turner		11b. MOTHER'S MAIDEN NAME Unknown	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. 493-34-6921	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c)		15. BIRTHPLACE (City and state or country) Holden, Missouri	
16. NAME OF HUSBAND OR WIFE Melvin Byrd		17. CITIZEN OF WHAT COUNTRY U.S.A.	
18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of left breast		19. PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		21. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
22. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		25. CITY, TOWN, OR LOCATION COUNTY STATE	
26. I attended the deceased from 11-8-62 to 10-12-62 and last saw her alive on 10-12-62 Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		27. SIGNATURE (Degree or title) M.D. Warrensburg, Mo.	
28. BURIAL, CREMATION, REMOVAL (Specify) Burial		29. DATE 10-13-62	
30. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		31. LOCATION (City, town, or county) (State) Warrensburg, Mo.	
32. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.		33. DATE RECD. BY LOCAL REG. Oct. 14, 1962	
34. REGISTRAR'S SIGNATURE Savannah Crutcher			

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Hubbester, 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.