

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. 4.012

Registrar's No. 7

FILED AUG 14 1963

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock Port.		c. CITY OR TOWN Rock Port.	
c. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS none	
3. NAME OF DECEASED (Type or print) First Orbin Middle Carson Last Byrd		4. DATE OF DEATH Month 7 Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10-16-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Operator		10b. KIND OF BUSINESS OR INDUSTRY Oil Business	
13a. FATHER'S NAME James Byrd		13b. MOTHER'S MAIDEN NAME Laura Dean	
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. 702-07-8502	
17. INFORMANT Mrs Cella Byrd		17. ADDRESS Rock Port, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
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	
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 11 a.m. Month 7 Day 29 Year 1963	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 Rock Port, Mo.	
21. I attended the deceased from June 24, 1963 to July 29, 1963 and last saw him alive on July 29, 1963 Death occurred at 11:22 p.m. on the day stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward S. Baumgardner (Degree or title)		22b. ADDRESS Jankio, Mo.	
22c. DATE SIGNED 8/1/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-1-1963	23c. NAME OF CEMETERY OR CREMATORY Greenhill Cemetery	
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rock Port, Mo.		25. DATE REC'D. BY LOCAL REG. Aug 6, 1963	
26. REGISTRAR'S SIGNATURE Marvin J. Schaefer			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

Geatz Barthelme

Licensed Embalmer No. 3173

P. O. Address

Rock Port, 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.