

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037407

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9556

STATE FILE NUMBER

FILED OCT 10 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
1		
2	21/19	
3	2	
4	3	
5	1	
6		
7	1	
8	1	
9		
10		
11	ooo	
12	77-3	
13		
77		INSTEAD OF
		DOCUMENT
		MEDICAL CERTIFICATION
		BY AFFIDAVIT OF
		ITEM NO.
		SHOULD READ
		TYPEWRITER RIBBON
		OR
		USE BLACK INK

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 1428 N. Newstead	
3. NAME OF DECEASED (Type or print) First Middle Last Julia Mae Byrd		4. DATE OF DEATH Month Day Year Sept 21, 1963	
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5/6/1922
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	9b. KIND OF BUSINESS OR INDUSTRY ***	9. AGE (last birthday) 41	
10a. BIRTHPLACE (City and state or country) Miss.		10b. CITIZEN OF WHAT COUNTRY U. S. A	
11a. FATHER'S NAME Ike Carter		11b. MOTHER'S MAIDEN NAME Gussie	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		13. SOCIAL SECURITY NO. 14. INFORMANT Robert Byrd 1428 N. Newstead	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock resulting from toxic changes subsequent to massive third degree burns suffered when clothing became ignited while near gas stove in home about 10:30 p.m. Aug. 31, 1963. ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 916.0-16			
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown			
16. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	17a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 15.) see above	
18. TIME OF INJURY Hour a.m. Month, Day, Year 10:30 P.M. 8/31/63	19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 11		
20. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21. CITY, TOWN, OR LOCATION St. Louis, Mo.		
22. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1300 Carl	
23c. DATE SIGNED 9-24-63		23d. NAME OF CEMETERY OR CREMATOR Clarkdale, Mississippi	
23e. DATE Sept. 25, 1963		23f. LOCATION (City, town, or county) (State) Clarkdale, Mississippi	
23g. FUNERAL DIRECTOR [Signature]		23h. DATE REC'D. BY LOCAL REG. SEP 24 1963	
23i. ADDRESS 1221 N. Grand Blvd.		23j. REGISTRAR'S SIGNATURE [Signature]	

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

Lawrence C. Green

Licensed Embalmer No. 4755

P. O. Address

1221 Grand

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.

