

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039491

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 30

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1 0370

2 0370

3

4 1

5 1

6

7 0

8 2

9 331X

10

11

12 90-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp.		Length of stay in 1b 3 1/2 months	c. CITY OR TOWN Rosebud Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Martha Middle Edith Last Byrd			4. DATE OF DEATH Month October Day 14 Year 1963
5. SEX female	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-28-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (last birthday) 73 IF UNDER 1 YEAR: Months ☐ Days ☐ IF UNDER 24 HR: Hours ☐ Min. ☐
11a. BIRTHPLACE (City and state or country) Sligo, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Plank		13b. MOTHER'S MAIDEN NAME Jane Powell	
14. NAME OF HUSBAND OR WIFE George Byrd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) no	
16. SOCIAL SECURITY NO. 486-30-9552		17. INFORMANT George Byrd - Rosebud, Mo. Rt.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left hemiplegia due to cerebral hemorrhage DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis, advanced 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 2 mo 5
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. ☐ p.m.	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 Owensville, Mo.	
21. I attended the deceased from 8-10-63 to 10-14-63 and last saw her alive on 10-13-63 Death occurred at 4:15 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Lucia B. Tanner, M.D. (Degree or title)	
22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 10-15-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-16-1963	23c. NAME OF CEMETERY OR CREMATORY Burchard Cemetery	23d. LOCATION (City, town, or county) (State) near Owensville, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.		25. DATE RECD. BY LOCAL REG. October 16, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer			

(Licensed Embalmer's Statement on Reverse Side)

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.