

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046887

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 123

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 7 1964

1. a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Holt</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairfax Community Hospital</b>		c. CITY OR TOWN <b>Craig</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>-----</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Josie</b>	Middle <b>Ann</b>	Last <b>Byrd</b>	Month <b>December</b> Day <b>23</b> Year <b>1963</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/12/1891</b>		9. AGE (last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In the home</b>		11. BIRTHPLACE (City and state or country) <b>Cumi, Ark.</b>	
13a. FATHER'S NAME <b>James Hawkins</b>		13b. MOTHER'S MAIDEN NAME <b>Stella White</b>		14. NAME OF HUSBAND OR WIFE <b>W.D. Byrd</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Orville Byrd -- Lincoln, Kansas</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <b>Cerebral Anoxia</b>		<b>4 hrs.</b>	
DUE TO (b) <b>Acute Pulmonary Edema</b>		<b>6 hours</b>	
DUE TO (c) <b>Myocardial Infarction</b>		<b>week</b>	
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.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour <b>a.m.</b> Month <b>July</b> Day <b>1959</b> Year <b>1959</b>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>July 1959</b> to <b>Dec 23, 1963</b> and last saw her <b>live on Dec 23, 1963</b>				
Death occurred at <b>3 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Marvin H. Schoeder</b> (Degree or title)	22b. ADDRESS <b>Mound City, Mo.</b>	22c. DATE SIGNED <b>12/29/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/26/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	23d. LOCATION (City, town, or county) <b>Craig, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <b>Wilbur L. Schoeder - Craig, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 30, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Marvin H. Schoeder</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 0030

2 0440

3 2

4 1

5 1

6

7 1

8 0

9 4201

10

11

12 1-0

13 1-0

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 myself, Student Embalmer No. \_\_\_\_\_,  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Wilbur L. Schooner

Licensed Embalmer No. 3997

P. O. Address Craig, 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.