

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23211

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5512 Registrar's No. 179

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Honey Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Honey Creek</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi W. on 18 Hwy. N. 2 mi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emil Wan 18 Hwy N. 2 mi</u>			

3. NAME OF DECEASED a. (First) <u>MANNIE</u> b. (Middle) <u>A.</u> c. (Last) <u>BYRD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-10-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 2 HRS. <u>21</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Breese Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>
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13a. FATHER'S NAME <u>George A. Coonroe</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Haley</u>	14. NAME OF HUSBAND OR WIFE <u>John K. Byrd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence C. Byrd</u>	ADDRESS <u>151X</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 7/31, 1949, to 8/1, 1949, that I last saw the deceased alive on 8/1, 1949, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>M. G. C. Peeler M.D.</u> (Degree or title)	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>8/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kitchey Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 3-49</u>	REGISTRAR'S SIGNATURE <u>Blance Adair</u>	42	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Williams J. Clinton</u>	ADDRESS <u>—</u>
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RECEIVED
District Health Officer No. 7,
District File Number 7-49-95
Date Filed 8-8-47

OCT 14 1954

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
Student Embalmer

Signed J. W. Williams

Licensed Embalmer No. 4510

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.