

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030148

FILED VS SEP 15 1959

STATE FILE NUMBER

Registration District No. 910 Primary Registration District No. 6051 Registrar's No. 212

DED

2-21-00
3-31-60
unknown
blank - Mrs. Laura Byrd
DOCUMENT marriage record
MEDICAL CERTIFICATION
BY AFFIDAVIT of funeral director
14,17 Helen B. Byrd
409-01-6230

1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt 3		Length of stay in 1b		c. CITY OR TOWN St. Charles		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CHARLES CURTISS BYRD				4. DATE OF DEATH Month Sept Day 10 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 10-10-09	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING		11. BIRTHPLACE (City and state or country) Leadwood, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Byrd			13b. MOTHER'S MAIDEN NAME Laura Ford		14. NAME OF HUSBAND OR WIFE Helen B. Byrd		
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. 489-01-6230 UNKNOWN		17. INFORMANT Mrs. Helen B. Byrd MRS LAURA BYRD - ST LOUIS 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) Carcinoma of Larynx						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
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)						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 a.m. p.m.	Month, Day, Year						
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 Sept. 6, 1959 to Sept 15, 1959 and last saw ^{her} him alive on Sept 6, 1959 Death occurred at 4:30 PM (CST) m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J M Jenkins, M.D. (Degree or title)				22b. ADDRESS 117 S. Main, St Charles Mo.		22c. DATE SIGNED Sept 10, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE SEP 15 1959	23c. NAME OF CEMETERY OR CREMATORY St Fran Mem Pk		23d. LOCATION (City, town, or county) Bonne Terre, Mo.		
24. FUNERAL DIRECTOR C Z Boyer & Son Inc. Desloge, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 10-59	26. REGISTRAR'S SIGNATURE Marcella Wilson		

NOV 2 1959

FEB 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer
B T Boyer

Licensed Embalmer No. # 3 6 6

P. O. Address Desloge, 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.