

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

448

6130

REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trim Creek-rural-Osage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trim Creek-rural-Osage</u>	
c. LENGTH OF STAY (in this place) <u>82 years</u>		d. STREET ADDRESS (If rural, give location) <u>Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <u>J. O. Hopkins Home, New Del.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>O'Bannon</u> c. (Last) <u>Byrd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1950</u>	
5. SEX <u>7</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Jan 22-1858</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 6 HRS. Hours Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>(21) Ky. 1</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>(?) O'Bannon</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm Byrd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>C B Shipman</u>		ADDRESS <u>Above Trim Creek</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Labor Incontinence</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Feb 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 31, 1950</u> , and that death occurred at <u>2:00 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. E. Clouston M.D.</u>		23b. ADDRESS <u>Camden Mo. 2-9-50</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 3-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 11-1950</u>		REGISTRAR'S SIGNATURE <u>Zelpha Shaw</u> 420	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u>		ADDRESS <u>Camden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-50-63
Date Filed 2-13-50

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.

Signed _____

Philo Bankson Woolery

Signed _____
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Candlerton, N.C.

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.