

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

37403

State File No. ....

No. 300  
10. 48

FILED DEC 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford)</u>		c. CITY OR TOWN	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Rural Bedford Farm Home</u>		e. STREET ADDRESS (If rural, give location) <u>2 mi North of Troy MO.</u> <span style="float: right;">057°0</span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Angeline</u>	b. (Middle) <u>Byrd</u>	c. (Last) <u>Chism</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14 1955</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>Jan 20 1869</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>86 9 24</u>
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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>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beaman MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Calvin Byrd</u>	13b. MOTHER'S MAIDEN NAME <u>Luvia Buckner</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Chism</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>2980-137</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Taegue</u> ADDRESS <u>Troy MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infermitis of age.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 3, 1954, to Nov 14, 1955, that I last saw the deceased alive on Nov 14, 1955, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Kelly</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Troy MO</u>	23c. DATE SIGNED <u>11-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 18 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Troy MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-3-1955</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle '63</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u> ADDRESS <u>Troy MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *Wayne McLeary*.....  
Licensed Embalmer No. *358*

P. O. Address *Jay*.....

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.