

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036915

FILED VS OCT 29 1959

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>PALMYRA</u>		Length of stay in 1b <u>3 MONTHS</u>		c. CITY OR TOWN <u>WARREN TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>410 East Ross St</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>MONROE CITY, MO R 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIE</u> Middle <u>MAY</u> Last <u>BYRD</u>				4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>11</u> Year <u>1959</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-7-86</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Day <u>4</u> Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>MONROE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM B. WILLIAMSON</u>			13b. MOTHER'S MAIDEN NAME <u>MATTIE ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES EDWARD BYRD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>INFORMANT</u>		17. Informant <u>Mrs Mary Cisneros</u>		Address <u>Palmyra, mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u>						DUE TO (c) <u>3 yrs</u>	
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 <u>1957</u> to <u>Oct 11, 1959</u> and last saw her alive on <u>Oct 10, 1959</u> Death occurred at <u>6:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. J. Hill</u> (Degree or title)				22b. ADDRESS <u>Palmyra, Mo.</u>		22c. DATE SIGNED <u>10/13/59</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-13-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPEL</u>		23d. LOCATION (City, town, or county) <u>MARION COUNTY, MO</u> (State)			
24. FUNERAL DIRECTOR <u>Wilson & Sons Monroe City Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>10-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> <u>Ed Viola Green, Deputy</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 29 1968 SA

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

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.