

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26831**
3245

No. 300
10-48

FILED AUG 18 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY	c. LENGTH OF STAY (In this place) 78 1/2 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, Rural 1480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Delora Nursing Home		d. STREET ADDRESS (If rural, give location) 9100 EAST 66th Terrace	

3. NAME OF DECEASED a. (First) Viola b. (Middle) LOFLAND c. (Last) Byrd			4. DATE OF DEATH (Month) (Day) (Year) July-28-1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB-14-1872	9. AGE (In years last birthday) 79	10. MONTHS 7	11. DAYS 9	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CENTRALIA MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JASPER B. LOFLAND	13b. MOTHER'S MAIDEN NAME MARY KATHERINE BLANTON	14. NAME OF HUSBAND OR WIFE CASSIUS BYRD	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. HAZEL A. PIPER		ADDRESS 9100 EAST 66th TERRACE KANSAS CITY, MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				334 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 7, 1951, to July 28, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harold A. Pallett (Degree or title) M.D.	23b. ADDRESS 1132 Paul Block K.C. Mo.	23c. DATE SIGNED 7/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-30-51	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 7-30-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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