

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1752

FILED JAN 31 1952

State File No. 3127

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 42		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 9yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 714 W. Broadway				d. STREET ADDRESS (If rural, give location) 714 West Broadway			
3. NAME OF DECEASED (Type or Print) ORVILLE		a. (First) b. (Middle) H. c. (Last) BYRD		4. DATE (Month) (Day) (Year) OF DEATH January 22, 1952			
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 23, 1894	
9. AGE (In years last birthday) 57		10. MONTHS 6		11. BIRTHPLACE (State or foreign country) Webb City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Byrd		13b. MOTHER'S MAIDEN NAME Lura Johnson		14. NAME OF HUSBAND OR WIFE Nell A. Byrd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 441-01-2186		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nell A. Byrd Webb City, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis & Myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 001X				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) m.		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 11-29, 1952 to 1-22, 1953, that I last saw the deceased alive on 1-22, 1953 and that death occurred at 4:15 AM, from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) D.O.		23b. ADDRESS Cartersville, Mo.		23c. DATE SIGNED 1-24-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 24, 1952		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. JAN 24-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-28-52
Jasper County Health Office
County File Number 52/1/69
Date Filed 1-29-52

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
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4485

P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.