

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42638

State File No. _____

No. 300

19.48

FILED DEC 24 1952

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 113210054

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 South Ball</u>				d. STREET ADDRESS (If rural, give location) <u>32 South Ball</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First) <u>CLARK</u>		b. (Middle) <u>BYRD</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>December 15, 1952</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 11, 1902</u>			
9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>5</u>		11. DAYS <u>4</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief of Police</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Policeman</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Galesburg, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William A. Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Ziska</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Helen 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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lois Helen Byrd</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Chronic vasculer Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>4201</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES ☐ NO ☒							
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3, 1951</u> , to <u>12-15, 1952</u> , that I last saw the deceased alive on <u>12-4, 1952</u> , and that death occurred at <u>7:10 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. M. J. Lewis, M.D.</u>				23b. ADDRESS <u>Corbridge, Mo.</u>			
23c. DATE SIGNED <u>12-16-52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>							
DATE REC'D BY LOCAL REG. <u>12/17 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>			
ADDRESS <u>Webb City, Mo.</u>							

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 12-22-52
Jasper County Health Office

County File Number 52/12/1000
Date Filed 12-22-52

FEB 13 1953

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. 4405-

P. O. Address Webb C. Z. Moore

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.