No. 300
10-48

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28007

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (in this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JANE CHINN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 324 HIGHLAND

3. NAME OF DECEASED (Type or Print): a. (First) NELL b. (Middle) AUDREY c. (Last) BYRD

4. DATE OF DEATH: (Month) AUGUST (Day) 23 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPTEMBER 28, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR Months: 10 Days: 26 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): SPRINFFIELD, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: NEWT PARSONS
13b. MOTHER'S MAIDEN NAME: SALLY ROSE
14. NAME OF HUSBAND OR WIFE: ORVILLE H. BYRD (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: VIRGINIA WALKUP — ADDRESS: JOPLIN, MO

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 5 days
DUE TO (c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 3-32 X
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) m.:
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* 8-5, 19 54, *to* 8-23, 19 54, *that I last saw the deceased alive on* 8-23, 19 54, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or Title): MD
23b. ADDRESS: 624 W. Broadway St., Webb City, Mo.
23c. DATE SIGNED: 8/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-26-1954
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL CEMETERY
24d. LOCATION (City, town, or county) (State): JOPLIN MO

DATE REC'D BY LOCAL REG.: 8-25-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Swatzell
25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE-LEWIS FUNERAL HOME — ADDRESS: WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 30 1954
Jasper County Health Office
County File Number 54-8-716
Date Filed AUG 30 1954

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 Troy Lewis

Licensed Embalmer No. 4405

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.