

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1613

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

21

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, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN	
Inside Limits Yes ☒ No ☐		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS 2209 WEST 1ST ST.	
Length of stay in 1b YRS		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST AUSTIN A. BYRD		4. DATE OF DEATH Month Day Year JAN. 11, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH DEC. 25, 1902
9. AGE (In years last birthday) 55		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SIGN PAINTER		10b. KIND OF BUSINESS OR INDUSTRY SIGN PAINTING	
11. BIRTHPLACE (City and state or country) WEBB CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT A. BYRD		13b. MOTHER'S MAIDEN NAME BESSIE LEACH	
14. NAME OF HUSBAND OR WIFE YOLA BYRD		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. UNK		17. INFORMANT Address MRS. YOLA BYRD, 2209 WEST 1ST ST.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the stomach with generalized abdominal metastasis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 11-29-57	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Joplin	
20f. CITY, TOWN, OR LOCATION Joplin		COUNTY Jasper STATE Mo.	
21. I attended the deceased from 11-29-57 to 1-11-58 and last saw her alive on 1-11-58 Death occurred at St. John's Hospital m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS 1st Nat'l. Bldg., Joplin, Mo.	
22c. DATE SIGNED 1-13-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-13-58	
23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. Jan. 17-1958	
26. REGISTRAR'S SIGNATURE Dooce Merriam			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number 58-1-64
Date Filed JAN 20 1958

JAN 29 1958

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
Signature of Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548
P. O. Address Poplar 1000

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.