

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026212

STATE FILE NUMBER

X

FILED AUG 4 1958 Registration District No. -175 Primary Registration District No. 195 Registrar's No. 70-58

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Okl.</b> b. COUNTY <b>Tulsa</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Noel Rt. I</b> TOWN <b>Noel Rt. I</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Tulsa</b> <b>8350</b> <b>4</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>154 N. Florence</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>JAMES</b> First <b>LARRY</b> Middle <b>BYRD</b> Last			4. DATE OF DEATH Month <b>7</b> Day <b>5</b> Year <b>58</b>		
5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 2, 1939</b>		9. AGE (In years last birthday) <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Okl.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>James F. Byrd</b>			14. MOTHER'S MAIDEN NAME <b>Elise Lemon</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b> <b>None</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>James F. Byrd Tulsa, Okla.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Skull - Broken Neck</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Car Accident</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Car Accident (Car Hit Bridge on Mo. Hi-way 90.</b>	
20c. TIME OF INJURY Hour <b>12:30</b> a. m. Month, Day, Year <b>7-5-58</b> p. m.		Near <b>Noel, Mo.</b> <b>060</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Mo. Hi-way 90.</b>	20f. CITY, TOWN, OR LOCATION <b>Noel Rt. I (Saratoga Con.)</b>	COUNTY <b>McDonald</b> STATE
21. I attended the deceased from <b>12:30</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Noel, Mo.</b>	22c. DATE SIGNED <b>7-6-58</b>
23a. BURIAL, CREMATION, REMOVAL (See 11/9) <b>Removal</b>	23b. DATE <b>7-5-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Tulsa, Okla.</b>
24. FUNERAL DIRECTOR <b>Tulsa-Whisenhunt Tulsa, Okla.</b>		25. DATE RECD. BY LOCAL REG. <b>7-29-58</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 2 1958

STATEMENT BY LICENSED EMBALMER

Judicial

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 *J.M. Humphrey Jr.*

Licensed Embalmer No. 470

P. O. Address *Nov 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.