

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043682

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Holcomb</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				Length of stay in lb <u>2 weeks 2 days</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>Almira Marzella Byrd</u>				4. DATE OF DEATH Month <u>12</u> - Day <u>19</u> - Year <u>1958</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>II - 16 - 1927</u>		9. AGE (In years last birthday) <u>31</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Clarence Cooper</u>			
13b. MOTHER'S MAIDEN NAME <u>Lucille Haywood</u>				14. NAME OF HUSBAND OR WIFE <u>Billy Joe 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>499-30-3168</u>			
17. INFORMANT <u>Billy Joe Byrd</u>				Address <u>Holcomb, Mo. Box 1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u> DUE TO (b) <u>Chronic Heart Disease</u> DUE TO (c) <u>Chronic Lung in Childhood</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>415X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour <u>5:20 A.M.</u> Month <u>Dec</u> , Day <u>19</u> , Year <u>1958</u>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <u>Piggott, Arkansas</u>			
21. I attended the deceased from <u>July 1958</u> to <u>Dec 19, 1958</u> and last saw her alive on <u>Dec 19, 1958</u> Death occurred at <u>5:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) <u>George C. Lammert</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>12-21-1958</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>Piggott Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Piggott, Arkansas</u>			
24. FUNERAL DIRECTOR <u>Lloyd Russell Piggott, Arkansas</u>				25. DATE RECD. BY LOCAL REG. <u>12-31-1958</u>			
26. REGISTRAR'S SIGNATURE <u>Carl Kishland</u>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Hayd Russell, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Hayd Russell

Licensed Embalmer No. 509

P. O. Address Greensboro, N.C.

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.