

JURY TRIAL		STATE FILE NUMBER	
FILED VS OCT 27 1959		59-035686	
Registration District No. <u>101</u>		Primary Registration District No. _____ Registrar's No. <u>56</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Douglas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walls</u> Length of stay in 1b <u>2yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> c. CITY OR TOWN <u>Ava</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Lilly Clarudel Byrd</u> <b>5. SEX</b> <u>Female</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>2-21-76</u> <b>9. AGE</b> (last birthday) <u>83</u>		<b>4. DATE OF DEATH</b> Month Day Year <u>October 20, 1959</u> <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u> <b>11. BIRTHPLACE</b> (City and state or country) <u>McCracken Co., Ky.</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>James Henry Henley</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Rebecca Pairlee Marr</u> <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> <b>16. SOCIAL SECURITY NO.</b> <u>None</u> <b>17. INFORMANT</b> <u>Carl Henley, Ava, Missouri</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>J. R. Byrd</u> <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer Lung</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____ <b>20c. TIME OF INJURY</b> Hour Month, Day, Year _____		<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) _____ <b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____		<b>21. I attended the deceased from</b> <u>3-29-59</u> to <u>10-20-59</u> and last saw her/him alive on <u>10-17-59</u> <b>Death occurred at</b> <u>11: A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. C. P. Haulan D.O.</u> <b>22b. ADDRESS</b> <u>Ava Mo</u> <b>22c. DATE SIGNED</b> <u>10-21-59</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u> <b>23b. DATE</b> <u>10-22-59</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Turkey Creek</u> <b>23d. LOCATION</b> (City, town, or county) (State) <u>Ava, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u> <b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct. 23-59</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Uestel Bushman</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Pa., Me

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.