

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036595

FILED VS OCT 20 1959

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 491

STATE FILE NUMBER

INDEXED

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) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
Length of stay in 1b 20 YRS.		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 130 N. WASHINGTON		d. STREET ADDRESS (If outside, give location) 130 N. WASHINGTON	
3. NAME OF DECEASED (Type or print) BERTHA MAE BYRD		4. DATE OF DEATH OCT. 10, 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9 AUG 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC SALESMAN, MO	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME THOMPSON GAYLES		13b. MOTHER'S MAIDEN NAME NO RECORD	
14. NAME OF HUSBAND OR WIFE ARTHUR (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 CLIFFORD BYRD, JOPLIN, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) malnutrition		10 WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of throat with	1 yr.
	DUE TO (c) metastasis to nasopharynx	6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from June 10 1959 to OCT 10-59 and last saw her alive on OCT 9 1959 Death occurred at 7:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J E Kilbane MD		22b. ADDRESS 408 W 4th Joplin	22c. DATE SIGNED 10/12/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 13 OCT 1959	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM	23d. LOCATION (City, town, or county) (State) JOPLIN MO
24. FUNERAL DIRECTOR Harburt Glover		25. DATE RECD. BY LOCAL REG. 10-15-1959	26. REGISTRAR'S SIGNATURE Noel Merriam

(Licensed Embalmer's Statement on Reverse Side)

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

Dale Grier

Licensed Embalmer No.

4593

P. O. Address

Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.