

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

316
FILED AUG 1 1963

6075 317

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP, only)
OR TOWN St. Francois Twp.
Farmington/ Rural

Length of stay in 1b
11 Yrs. 2 das.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION State Hospital #4

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Scott

c. CITY OR TOWN Sikeston

d. STREET ADDRESS (If outside, give location)
801 Delmar (rear)

Inside Limits
Yes ☒ No ☐

Reside on farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lula Bell Byrd

4. DATE OF DEATH
Month Day Year
July 23, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2/21/84

9. AGE (last birthday) 79
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Decatur County, Tenn. U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Moril Tinsley Pratt

13b. MOTHER'S MAIDEN NAME

Isabelle Doyle

14. NAME OF HUSBAND OR WIFE

James Edgar Byrd, dec.

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.
None

17. INFORMANT Records, State Hspt. #4, and
Eddie Byrd, Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH
2 das.

DUE TO (b) Arteriosclerotic Heart Disease

Unknown.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Dementia Praecox Psychosis - - Abt. 31 years.

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 July 21, 1963 to July 23, 1963 and last saw her alive on July 23, 1963
Death occurred at 5:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
John A. Brennan M.D.

22b. ADDRESS State Hospital No. 4
Farmington, Mo.

22c. DATE SIGNED
7-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/25/63

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
Sikeston, Missouri

24. FUNERAL DIRECTOR
McMikle, Charleston, Missouri

25. DATE RECD. BY LOCAL REG.
July 23, 1963

26. REGISTRAR'S SIGNATURE
Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1 0940

2 1007

3 2

4 1

5 2

6 1

7 2

8 94200

10

11

12 93-0

13 1-0

AUG 2 1963

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

Bruce R. Austin

Licensed Embalmer No.

5149

P. O. Address

Charleston, 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.