

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019799

FILED VS. JUN 14 1960

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 287

STATE FILE NUMBER

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, Mo.		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If outside, give location) 218 1/2 Main Street	
3. NAME OF DECEASED (Type or print) First John Middle Max Last Byrd		4. DATE OF DEATH Month May Day 25, Year 1960	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-26-1892
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 1 Days 29	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Tea Co.	11. BIRTHPLACE (City and state or country) Pocahontas, Ark.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Alex, Byrd	
13b. MOTHER'S MAIDEN NAME Olive Romine		14. NAME OF HUSBAND OR WIFE ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 432-12-7221	
17. INFORMANT Mrs. Euretah Bennett, Little Rock		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Bil DUE TO (b) Ac Choleperititis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 7 days
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from 3-3-60 to 5-24-60 and last saw him alive on 5-24-60 Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lewis J. Ferguson M.D.		22b. ADDRESS 2012nd Ave. Joplin Mo	22c. DATE SIGNED 5-31-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-28-60	23c. NAME OF CEMETERY OR CREMATORY Old Liberty	23d. LOCATION (City, town, or county) near Perry, Arkansas (State)
24. FUNERAL DIRECTOR Drummond Funeral Home 901 Marshall		25. DATE RECD. BY LOCAL REG. 6-6-1960	26. REGISTRAR'S SIGNATURE Dovie Merriam
ADDRESS Little Rock, Ark		(Revised Embahmer'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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Dillon

Licensed Embalmer No. 3898

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.