

100

BIRTH NO. 49-024272 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 2882

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give town)			a. STATE		
c. LENGTH OF STAY (In this place)			b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION			c. CITY (If outside corporate limits, write RURAL and give township)		
3. NAME OF DECEASED (Type or Print)			d. STREET ADDRESS (If rural, give location)		
a. (First)		b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. MARRIED (Never married, widowed, divorced) (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>Otis Guy Byrn Jr.</u>		<u>Helen Mae De Tarnatt</u>		—	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Circulatory & Respiratory failure</u>		—	
ANTECEDENT CAUSES		DUE TO (b) <u>Prematurity (28 weeks gestation)</u>		—	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		—	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydramnios</u>		—	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
—		—		159 776X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>Frank G. Robertson</u> (D) M.D.		<u>634 No. Grand Ave.</u>		<u>4/9/49</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
—		<u>APR 30 1949</u>		<u>Anatomical Board</u>		—	

DATE REC'D BY LOCAL REG. <u>APR 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>		ADDRESS <u>4104 Manchester Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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