

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14768

BIRTH NO. 26764-49 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 32

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>02</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Monett</u> c. LENGTH OF STAY (In this place) <u>One hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Billings</u> d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Byron</u> c. (Last) <u>M^cBride</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>5-16-49</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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) <u>Monett Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Russell M^cBride</u>	13b. MOTHER'S MAIDEN NAME <u>Brunilda Lopez</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Russell M^cBride</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Russell M^cBride</u>	ADDRESS <u>Billings Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cytheroblastosis neonatorum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7700	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 16, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>	23b. ADDRESS <u>Pierson City, Mo.</u>	23c. DATE SIGNED <u>5-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-24-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smart</u>	24d. LOCATION (City, town, or county) (State) <u>Billings Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-23-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Harris</u>	ADDRESS <u>Cleves Mo.</u>
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RECEIVED

District Health Officer No. 6,
District File Number 649-632
Date Filed 6-1-49

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.

Signed John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4350

P. O. Address Cleveland, 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 this body is not embalmed, fact should be so stated above.