

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16706

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4355</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u> c. LENGTH OF STAY (In this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>NEW MADRID.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u> d. STREET ADDRESS (If rural, give location) <u>311 MISSOURI, ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>LIGE</u>		a. (First) <u>LIGE</u>		b. (Middle) <u>I</u>		c. (Last) <u>BYRD</u>	
4. DATE OF DEATH <u>MAY 20-1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>BLACK.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Jan 13 1892</u>		9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WORK</u>		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>IRE BYRD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E BYRD</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE BYRD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-03-6495</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE BYRD</u>		18. ADDRESS <u>NEW MADRID, MISSOURI</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Embolic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>YES</u> ☐ <u>NO</u> ☐			
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
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 <u>7:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>OB. CHANDLER</u>		23b. ADDRESS <u>NEW MADRID, MISSOURI</u>		23c. DATE SIGNED <u>5/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FANNEY POWELL</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5/25/49</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Vnd T. Co.</u>		ADDRESS <u>NEW MADRID, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Mo

RECEIVED

District Health Office N

District File Number 549

Date Filed 5-2

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 _____

Lowell Greer Jr.

Student Embalmer No. 310

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.