

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43405

State File No. 174

Registrar's No. 174

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6114		State File No. 174		Registrar's No. 174			
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley (Rural)				c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley (Rural)					
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Box 13A				d. STREET ADDRESS (If rural, give location) Route 1, Box 13A							
3. NAME OF DECEASED (Type or Print) Rena				a. (First)		b. (Middle)		c. (Last) Byrd		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1949	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 21, 1894		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scooba, Miss.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Wm. Byrd				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charlotte Nicholson, ADDRESS R.1, Box 13A Morley, Mo.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Endocarditis Chronic ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH 4214						20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21. HOW DID INJURY OCCUR?					
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)		21f. HOW DID INJURY OCCUR?					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:25 P. m., from the causes and on the date stated above.											
23a. SIGNATURE Clyde Lee Pearson				23b. ADDRESS Sikeston Mo				23c. DATE SIGNED 12/12/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 16, 1949		24c. NAME OF CEMETERY OR CREMATORY McMullen Cemetery		24d. LOCATION (City, town, or county) McMullen, Missouri		24e. (State)			
DATE REC'D BY LOCAL REG. Dec 19-49		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Sparks		ADDRESS Charleston, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1950
DEC 31 1949

RECEIVED DEC 27 1949
District Health Office No. _____
District File Number 1244-16
Date Filed _____

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 _____

Frank Sparks

Signed _____
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 43405

State of Missouri
County of Scott } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 21 day of January, 1950, before me appears
Jack Gillespie, who, upon his oath, states that the original record of birth
for Rena Byrd died born Dec. 11, 1949, 19...., in the State of
Missouri, and which was filed at Sikeston, Mo. on Dec. 19, 1949, should be corrected as follows:

Item No. 8 should read June 17, 1894

Instead of June 21, 1878

Item No. 9 should read 55 yrs 5 months 24 days

Instead of 71 yrs. 5 months 20 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

attest To mark
Willie Spriggs
Donnie Perry

Affiant

Jack Gillespie Son
mark Relationship.

1013 Hickory, East St. Louis, Ill.
Present Address.

Subscribed and sworn to before me this 21 day of January, 1950

My Commission expires Oct 13 - 1950

John H. Powell Notary Public.

