

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43891

BIRTH NO.		REG. DIST. NO. <u>238</u>	PRIMARY REG. DIST. NO. <u>4355</u>	Registrar's No. <u>10</u>
1. PLACE OF DEATH a. COUNTY <u>New Madrid Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> 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)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mathews</u> <u>R1</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>720</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>		b. (Middle) <u>ALFred</u>	c. (Last) <u>Bye</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 27 - 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 2, 1911</u>	9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John William Bye</u>		
13b. MOTHER'S MAIDEN NAME <u>Caroline Matthews</u>		14. NAME OF HUSBAND OR WIFE <u>Earline Bye</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sophia Bye Blue</u> ADDRESS <u>Mathews Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Diabetes</u> 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 <u>1 year</u> <u>26 x</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>12-20</u> , 19 <u>49</u> , to <u>12-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>49</u> , and that death occurred at <u>9a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Richard W. Jones M.D. U.</u>		23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>1-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mathews Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mathews, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. Jones</u> ADDRESS <u>Richard W. Jones Co. New Madrid Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-17-50</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. Jones</u> ADDRESS <u>Richard W. Jones Co. New Madrid Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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~~RECORDED~~ JAN 31 19
District Health Officer No
District File Number 150-
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.

Student
Student Embalmer

Signed L. S. Haggitt
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.