

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3556

State File No.

FILED JAN 20 1950

BIRTH NO.		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> c. LENGTH OF STAY (in this place) <u>7 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 Lincoln St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> d. STREET ADDRESS (If rural, give location) <u>111 Lincoln St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Charley</u>		a. (First) <u>Henry</u>		c. (Last) <u>Byrd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 1, 1897</u>	9. AGE (to years last birthday) <u>52</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	11. UNDER 24 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Thornton, Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Charles Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Turdville</u>		14. NAME OF HUSBAND OR WIFE -----			
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. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Canary Lewis</u> ADDRESS <u>Sikeston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases</u> DUE TO (c) <u>metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lues</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 Mo</u> <u>177XB</u>	
19a. DATE OF OPERATION <u>10-6-44</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from <u>10-6</u> , 19 <u>44</u> , to <u>Jan 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 7</u> , 19 <u>47</u> and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Aubrey W. W.</u>				23b. ADDRESS <u>801a Broadway, Geraldine</u>		23c. DATE SIGNED <u>1-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Addition Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 16 19
District Health Office 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 Frank Sparks

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.