

Dr. Belsey  
 FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12117

State File No. ....  
 Registrar's No. .... 9

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 5420

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Holcomb R.I.</u>		d. STREET ADDRESS - <u>R#1</u>	
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Gleason</u> c. (Last) <u>Byrne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 1 1875</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR <u>10</u> Days	IF UNDER 1 YEAR <u>0</u> Hours	IF UNDER 1 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Dardanelle Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Martin Byrne</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy (UNKNOWN)</u>	
14. NAME OF HUSBAND OR WIFE <u>Dead</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Brothers</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis - Congestive failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Hypertrophy of the prostate &amp; obstruction</u>		_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>3/30</u> 19 <u>51</u> , to <u>3/31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/31</u> , 19 <u>51</u> , and that death occurred at <u>6:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wallace Belsey</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Campbell Mo.</u>	
23c. DATE SIGNED <u>4/6/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandy Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Burdette Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Jones</u> ADDRESS <u>Home Blytheville Ark.</u>	
DATE REC'D BY LOCAL REG. <u>4-8-51</u>		REGISTRAR'S SIGNATURE <u>J. Henderson</u> 89	

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

0350  
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-16-51

COUNTY FILE NUMBER 451-107

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

working under my personal supervision.

Student Embalmer No.

Signed James R. Stovall

Signed Student Embalmer

Licensed Embalmer No. 3100

P. O. Address Plymouth

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.