

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27564

BIRTH NO.		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4151</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Crawford.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville.</u>		c. LENGTH OF STAY (In this place) <u>11</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u> <u>22-00</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Millie</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Byrd</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>5</u>		(Year) <u>1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>June 14, 1872</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ruben A. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Farrell</u>		14. NAME OF HUSBAND OR WIFE <u>W.C. Byrd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME/ ADDRESS <u>Mrs. Logan Cassidy Steelville</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>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</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>Jan 1</u> , 19 <u>44</u> , to <u>Sept 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>52</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. B. Parker</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>Sept 6 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Sept 8-52</u>		24b. DATE <u>Sept 8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Forest Springs Ark.</u>	
DATE REC'D BY LOCAL REG. <u>9-6-52</u>		REGISTRAR'S SIGNATURE <u>Ch. Gibbs</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Franklin Hone Steelville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Harry M. Jones
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Harry M. Jones
Licensed Embalmer No. 2428

P. O. Address Leechdale, 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.