

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35831

State File No.

No. 300
10-48
NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>82</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce</u>		1000			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Log Camp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>C.</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Byrd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 7, 1925</u>			
9. AGE (In years last birthday) <u>26</u>		10. UNDER 1 YEAR (Months) (Days)		11. UNDER 14 HRS. (Hours) (Min.)		9. AGE (In years last birthday) <u>26</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hobac Veener Co</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Paragould, Arkansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Alford Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Vera Lillian Dickson</u>		14. NAME OF HUSBAND OR WIFE <u>Donna McDaniel Byrd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>429-38-0011</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alford Byrd</u>				ADDRESS <u>Paragould</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Multiple Crush Injuries to chest, trunk and lower limbs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>D.O.A. immediate</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9103 40</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FACTORY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CARUTHERSVILLE Pemiscot MO.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 5-1952 9:15 A</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>LOG fell ON Him 078</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. W. Keshole M.D.</u>				23b. ADDRESS <u>CARUTHERSVILLE, MO.</u>				23c. DATE SIGNED <u>11-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Paragould, Arkansas</u>			
DATE REC'D BY LOCAL REG. <u>11-6-1952</u>		REGISTRAR'S SIGNATURE <u>Lessie B. Nelke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mitchell</u>		ADDRESS <u>General Home Paragould Arkansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

7823

11-327-52

PERMISSED COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 8 1952

DEC 17 1952

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 W. J. Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.