

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39513**

FILED DEC 15 1952

BIRTH NO. **92825** REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **5787** Registrar's No. **96**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Mississippi</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston (Rural)</b>	
c. LENGTH OF STAY (in this place) <b>life</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 2</b>		d. STREET ADDRESS (If rural, give location) <b>Route 2</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Marvin</b>		a. (First) <b>Byrd</b>		c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 6, 1952</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>Negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>0</b>		<b>8. DATE OF BIRTH</b> <b>Nov. 19, 1952</b>	
<b>9. AGE</b> (In years) <b>2</b>		<b>10. AGE</b> (In years) (Month) (Day) <b>17</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Charleston, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>					

<b>13a. FATHER'S NAME</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Evelyn Byrd</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Evelyn Byrd, R. 2, Charleston, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>NATURAL CAUSES UNKNOWN</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Child born prematurely and had never been normal. Very weak at birth according to family and gradually got weaker.</b> DUE TO (c)  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>NO MEDICAL ATTENTION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) <b>Nov 19 1952 6:00 AM</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

I hereby certify that I attended the deceased from **AS CORONER ONLY**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:00 Am.**, from the causes and on the date stated above.

<b>22. SIGNATURE</b> (Degree or title) <b>Coroner</b>		<b>23b. ADDRESS</b> <b>Charleston, Mo</b>		<b>23c. DATE SIGNED</b> <b>12-6-52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Dec. 6, 1952</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Charleston, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>2. J. Sparks</b>		<b>ADDRESS</b> <b>Charleston, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>12-9-52</b>		<b>REGISTRAR'S SIGNATURE</b> <b>James Sanchez</b>		<b>480 -</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 11 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed DEC 12 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 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.

ad. 104-16.2