

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27866

State File No. 354

Registrar's No. 3007

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Qulin 0/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			d. STREET ADDRESS (If rural, give location) City ✓		
3. NAME OF DECEASED (Type or Print) a. (First) LULA		b. (Middle) M.		c. (Last) BYRD	
4. DATE OF DEATH (Month) (Day) (Year) AUG. 7 1953					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Qulin, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Marion Brown		13b. MOTHER'S MAIDEN NAME Mary Jones		14. NAME OF HUSBAND OR WIFE Charley Byrd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Julius Mayberry, Qulin, Missouri	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) 4222 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction 10 days		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 d	
19a. DATE OF OPERATION 5 Aug 53		19b. MAJOR FINDINGS OF OPERATION Partial Intestinal Obstruction of one week history, small intestine, 10 days			
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) m. _____		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 5 Aug, 1953, to 7 Aug, 1953 , that I last saw the deceased alive on 7 Aug, 1953 , and that death occurred at A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. A. Brookman M.D.		23b. ADDRESS 3214 Poplar Bluff Mo		23c. DATE SIGNED 17 Aug 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Qulin Cemetery	
24d. LOCATION (City, town, or county) Qulin, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo.			
DATE RECD BY LOCAL REG. 8/20/53		REGISTRAR'S SIGNATURE R. H. Minville		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 24 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address

Campbell, W

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.