

STANDARD CERTIFICATE OF DEATH

State File No. **7463**

FILED FEB 26 1954

BIRTH NO. **1-926-54** REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **3074** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY OR TOWN Sikeston	d. In Residence within limits of a city or incorporated town? Yes ☒ No ☐
c. LENGTH OF STAY (In this place) 6 Hours		e. STREET ADDRESS (If rural, give location) 524 New Madrid St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Arvin		b. (Middle) Mitchel	
c. (Last) Byrd		4. DATE OF DEATH (Month) (Day) (Year) 2 2 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) New Baby	8. DATE OF BIRTH 2-2-1954
9. AGE (In years last birthday) —		10. IF UNDER 1 YEAR Months — Days — Hours 6 Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10b. KIND OF BUSINESS OR INDUSTRY 0	
11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Byrd		13b. MOTHER'S MAIDEN NAME Mabel Holmes	
14. NAME OF HUSBAND OR WIFE 0		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 0	
16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME Mabel Byrd, Sikeston, Mo. ADDRESS 0	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? DUE TO (c) 0 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6 hrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 776x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/2 1954		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 2/2 , 1954, to 2/2 , 1954, that I last saw the deceased alive on 2/2 , 1954, and that death occurred at 6:40 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. C. Critchlow (Degree or title) M.D.		23b. ADDRESS Sikeston, Mo.	
23c. DATE SIGNED Feb 3, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-54	
24c. NAME OF CEMETERY OR CREMATORY W.O.W.		24d. LOCATION (City, town, or county) (State) East Prairie, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Belva Hunter ADDRESS 429		25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby ADDRESS East Prairie, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 23 1954
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 254-41

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.....
Signature of Student Embalmer

Signed.....

Frank Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.