

No. 300
10.48

13925-54
FILED FEB 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **7464**
Registrar's No. **19**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

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 town) Sikeston		c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) 14 Hours		e. STREET ADDRESS (If rural, give location) 524 New Madrid	
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)			4. DATE OF DEATH		
a. (First) Barbara	b. (Middle) Mitchel	c. (Last) Byrd	(Month) 2	(Day) 3	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-2-1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months - Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		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	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Byrd, Sikeston, Mo.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 13 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/2**, 1954, to **2/3**, 1954, that I last saw the deceased alive on **23**, 1954, and that death occurred at **12:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Critchlow Sr.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED Feb 9, 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. FEDERAL DIRECTOR'S SIGNATURE W. Davis Shelby
DATE REC'D BY LOCAL REG. 2-18-54	REGISTRAR'S SIGNATURE Mrs. Call Hunter 429	ADDRESS East Prairie, Mo

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

RECEIVED FEB 23 1954
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 254-42

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 not embalmed, Student Embalmer No. working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed Travis Shelby.....

Licensed Embalmer No. 272
P. O. Address East Prussia.....

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.