

XC-172 29 25 REG.NO. 13062		FILED DEC 31 1956		STANDARD CERTIFICATE OF DEATH		40711	
Registration District No. 43		Primary Registration District No. 3007		STATE FILE NUMBER		55	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff				c. CITY OR TOWN Pilot Knob		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital				Length of stay in lb 5 mi.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ERNEST Middle HENRY Last BYRD				4. DATE OF DEATH Month Nov. Day 16 Year 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 20 1893	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheet metal worker				10b. KIND OF BUSINESS OR INDUSTRY auto body shop		11. BIRTHPLACE (City and state or country) Union City Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Henry Byrd				14. MOTHER'S MAIDEN NAME Susan Carter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI				16. SOCIAL SECURITY NO. 489-12-7459		17. INFORMANT Address V.A. Hospital, Poplar Bluff Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis Cerebral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 16, 1956 to Nov. 16, 1956 Death occurred at 4:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. G. McDANIEL, M.D., Officer of Day				22b. ADDRESS VAH., POPLAR BLUFF, MO.		22c. DATE SIGNED 12/20/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-20-56		23c. NAME OF CEMETERY OR CREMATORY National Cemetery Jefferson Barracks Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Iron ton Mo.				25. DATE RECD. BY LOCAL REG. 12/17/56		26. REGISTRAR'S SIGNATURE	

Cancel J. White

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 28 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

VS NOV 15 1960

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 *Russell J. White* _____

Licensed Embalmer No. *301*

P. O. Address *Int'l*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.