

FILED JAN 6 1958

THE OFFICIAL STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45166

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>COMO TWP</u> TOWN <u>COMO TWP</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR <u>COMO TOWNSHIP</u> TOWN <u>COMO TOWNSHIP</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>2 1/2 Miles S.W. of Baderville, Mo.</u> INSTITUTION <u>Baderville, Mo.</u>				Length of stay in lb <u>20 Yrs.</u>		d. STREET (If outside, give location) ADDRESS <u>Baderville, 2 1/2 M.S.W.</u>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>WILLIFORD</u> Last <u>BYRD</u>				4. DATE OF DEATH Month <u>DEC</u> , Day <u>8</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2-2-1884</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>NEWPORT, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY BYRD</u>				14. MOTHER'S MAIDEN NAME <u>COTNEY GRAHAM</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-42-4324</u>		17. INFORMANT Address <u>JEWELL BYRD, R#1 LILBOURN, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Multiple Myeloma</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>18 months</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a. m. _____ p. m. _____ Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>MARCH 1957</u> to <u>8 DEC 1957</u> and last saw <u>him</u> alive on <u>7 DEC 57</u> Death occurred at <u>4:00</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles S. Williams</u> (Degree or title) <u>M. D.</u>				22b. ADDRESS <u>MALDEN, MISSOURI</u>		22c. DATE SIGNED <u>12-9-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-10-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>MALDEN, MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>DAY FUNERAL HOME, MALDEN, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>12/14/57</u>		26. REGISTRAR'S SIGNATURE <u>D. Geo. Husted, M.D.</u>	

JAN 7 1958

DATE RECEIVED DEC 24 1957
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 J. W. Schuman
Licensed Embalmer No. 40

P. O. Address Maude

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.