

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-019098
State File No. 18

FILED MAY 10 1958

BIRTH NO.		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 18	
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, write RURAL and give township) <u>NEW MADRID</u>		c. LENGTH OF STAY (in this place) <u>02210</u>		c. CITY OR TOWN <u>NEW MADRID</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				e. STREET ADDRESS (If rural, give location) <u>277 TENN. NEW MADRID, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>		b. (Middle)		c. (Last) <u>BYRD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY - 7 - 1958</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>DEC-10-1897</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MADRID, CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WASH BYRD</u>		13b. MOTHER'S MAIDEN NAME <u>LARRA HALLIBERDIN</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE (SMITH) BYRD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HARRY WALLACE BYRD, NEW MADRID, MO.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Fatigue</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Hypertension</u> DUE TO (c) <u>sion - Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		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) (Min.)		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 <u>May 12, 1943</u> to <u>May 7, 1958</u> , that I last saw the deceased alive on <u>May 6, 1958</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>O.B. Chandler M.D.</u>				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>5/12/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 11-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FANNIE POWELL</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO.</u>	
DATE REC'D BY LOCAL REG. <u>14 May 58</u>		REGISTRAR'S SIGNATURE <u>Fay Neelybeth</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards 14016 New Madrid, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 15 1958
NEW MADRID CO. HEALTH CENTER
E. 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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid,

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.