

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039867

FILED VS NOV 3 0 1959

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 110

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Length of stay in 1b 17 days		c. CITY OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy. 72			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Alice Byrd				4. DATE OF DEATH Month Nov. Day 7, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 29, 1863	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months 10 Days 9	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Webster Co., Ky.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Thomas Pullam			13b. MOTHER'S MAIDEN NAME Nancy Skinner		14. NAME OF HUSBAND OR WIFE Jasper Byrd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Dolores Weiss, Ironton, 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) Arteriosclerotic heart disease. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year a.m. p.m. 		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 10-21-59 to 11-7-59 and last saw her ^{her} _{live} on 11-6-59 Death occurred at 5:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Marvin C. Murre, M.D.</i>				22b. ADDRESS Ironton Mo		22c. DATE SIGNED II/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE II/9/59	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery		23d. LOCATION (City, town, or county) Caruthersville Mo.		(State)	
24. FUNERAL DIRECTOR Laforge		ADDRESS Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. II/9/59		26. REGISTRAR'S SIGNATURE <i>Mrs. Avis Jones</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

C. R. Howell

: Licensed Embalmer No. 3670

P. O. Address South

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.