

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 4 4 8 3 5

State File No.

FILED VS JAN - 8 1960

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| BIRTH NO. _____ | | REG. DIST. NO. <u>238</u> | | PRIMARY REG. DIST. NO. <u>5823</u> | | Registrar's No. <u>44</u> | |
| 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 OR TOWN <u>New Madrid</u>) | | c. LENGTH OF STAY (in this place) | | c. CITY <u>New Madrid</u> OR TOWN | | d. 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 | | | | e. STREET ADDRESS (If rural, give location) <u>302 Tenn.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Cage</u> | | b. (Middle) | | c. (Last) <u>Byrd</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25. 59</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>2 Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2 Widowed</u> | | 8. DATE OF BIRTH <u>12-5-1876</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABOR</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MADRID, 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>Laura Ann Hallberton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Susie Byrd</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Marrie Wallace Byrd</u> | | ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old age; Senility; Inanition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatitis Acute - + Myocardia</u> DUE TO (c) <u>Fatigue -</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 | | | | 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) <u>611 X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 1943</u> , to <u>Dec 25, 1959</u> , that I last saw the deceased alive on <u>Dec 22, 1959</u> , and that death occurred at <u>7:30 P</u> m., 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>1-5-60</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 28. 1959</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>1-5-60</u> | | REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Undert Co. New Madrid Mo</u> | | | |

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

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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 *L. S. Hedgepeth*

Licensed Embalmer No. *3803*

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.