No. 300
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FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16705

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 20

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

1. PLACE OF DEATH
a. COUNTY New Madrid,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Matthews, rural
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Matthews rural
d. STREET ADDRESS (If rural, give location) Noxall junction

3. NAME OF DECEASED (Type or Print)
a. (First) ###, Howard
b. (Middle)
c. (Last) Bye

4. DATE OF DEATH (Month) (Day) (Year) May, 12, 1949

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 16, 1899
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Madrid, county
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John W. Bye
13b. MOTHER'S MAIDEN NAME Cora Matthews
14. NAME OF HUSBAND OR WIFE Mary Hone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Cora Bye — ADDRESS Matthews, Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adeno Carcinoma of rectum + colon — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Inoperable carcinoma of rectum + colon) 154 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11, 1949, *to* 5-9, 1949, *that I last saw the deceased alive on* 5-9, 1949, *and that death occurred at* 6.8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas C. McClure M.D.
23b. ADDRESS Bikeston, Mo.
23c. DATE SIGNED 5-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/13/49
24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery
24d. LOCATION (City, town, or county) Matthews, Missouri (State)

DATE REC'D BY LOCAL REG. 5/18/49
REGISTRAR'S SIGNATURE Helen Loud Jones 216
25. FUNERAL DIRECTOR'S SIGNATURE Richards Und. Co. — ADDRESS New Madrid, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 49-621
Date Filed 5-31-49

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 Lowell Greer Jr. Student Embalmer No. 310 working under my personal supervision.

Student Lowell Greer Jr.
Student Embalmer

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.