

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019445

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 200

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 31 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1. PLACE OF BIRTH a. COUNTY Lawrence		a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Length of stay in 1b 1106 days	c. CITY OR TOWN Caruthersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Adams Qtrs. #10
3. NAME OF DECEASED (Type or print) First Middle Last Aaron Byrd			4. DATE OF DEATH Month Day Year May 17, 1962
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-37
9. AGE (last birthday) 25		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Caruthersville, Mo.	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Ike Byrd	
13b. MOTHER'S MAIDEN NAME Pearlie Shedrick		14. NAME OF HUSBAND OR WIFE	
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 San. records, Mo. State San., Mt. Vernon, 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) Pulmonary hemorrhage DUE TO (b) Pulmonary tuberculosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH abt. 5 yrs.
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 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 5 - 6 - 59 to 5 - 17 - 62 and last saw him ^{her} alive on 5 - 17 - 62 Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Daniel R. Wilson M.D.</i>		22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 5-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-19-62	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cem. Caruthersville Mo	23d. LOCATION (City, town, or county) (State) Caruthersville Mo
24. FUNERAL DIRECTOR <i>Max L. Frost</i>	ADDRESS Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG. 5-26-62	26. REGISTRAR'S SIGNATURE <i>Roy Swanson</i>

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1963

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Wilmington, N.C.

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.