ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-030129
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 61

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH
a. COUNTY Mississippi

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston — Length of stay in 1b 10 Years

c. CITY OR TOWN Charleston — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 607 Stephens St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First George Middle Lee Last Byford

4. DATE OF DEATH Month 7/2/61 Day Year

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/28/1904

9. AGE (last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY Feed Mill

11. BIRTHPLACE (City and state or country) Datto, Ark.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Nathaniel Byford

13b. MOTHER'S MAIDEN NAME Frances Morris

14. NAME OF HUSBAND OR WIFE Christeen Byford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address Mrs. Christeen Byford, Charleston, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Artery disease — 3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 10 yrs

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Sept 22, 1958, to 1961 and last saw him alive on Sept 1960

Death occurred at 9:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Crowe MD

22b. ADDRESS Cape Girardeau Mo

22c. DATE SIGNED Aug 28, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7/5/61

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State) Charleston, Mo.

24. FUNERAL DIRECTOR ADDRESS John P. Nunnelee Jr. The Nunnelee Funeral Chapel Charleston, Mo.

25. DATE RECD. BY LOCAL REG. 9-1-61

26. REGISTRAR'S SIGNATURE Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 24 1962

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 John T. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston,

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.