

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40536

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4121</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>		c. LENGTH OF STAY (In this place) <u>7 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>		<u>23</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HOME</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWSON</u>			b. (Middle) <u>ORLANDO</u>		c. (Last) <u>BYNUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 18 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-3-1873</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUTCHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>V</u> <u>JASPER CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		
13a. FATHER'S NAME <u>JIM BYNUM</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY REYNOLDS</u>		14. NAME OF HUSBAND OR WIFE <u>NORA MAY BYNUM</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nora Bynum Billings 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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - general</u>							
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
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>Nov. 9, 1949</u> , to <u>Nov. 12, 1949</u> , that I last saw the deceased alive on <u>Nov. 12, 1949</u> , and that death occurred at <u>7:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R.W. Marshall, D.O.</u>				23b. ADDRESS <u>Billings, Mo.</u>		23c. DATE SIGNED <u>11-19-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SMART CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO. MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-20-1949</u>		REGISTRAR'S SIGNATURE <u>Allie Devier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris Clever, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 7 1949  
District Health Office No. 3,  
District File Number 1249-1331  
Date Filed 12-14-49

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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 .....  
Student Embalmer

Signed.....

*John Alan Harris*

Licensed Embalmer No. 4390

P. O. Address Cleves, Mo.

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