

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12103

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007 Registrar's No. 178	
1. PLACE OF DEATH a. COUNTY Butcher			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARK b. COUNTY CHAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DATTO		8030
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			d. STREET ADDRESS (If rural, give location) 8		
3. NAME OF DECEASED (Type or Print) George BYFORD			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 4-16-50		(Month)	(Day)	(Year)	
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-10-1876	9. AGE (in years last birthday) 67	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FANNIE V. BYFORD
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARCUS JIHES SCHOVIS 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia Bilateral		INTERVAL BETWEEN ONSET AND DEATH 5 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia - Nephrotic.			DUE TO (b) _____		DUE TO (c) _____
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7:45 p.m., 1950, to 16 April, 1950, that I last saw the deceased alive on 15 April, 1950, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE W. H. Johnson (M.D.) (Degree or title)			23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED 16 April 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-18-50	24c. NAME OF CEMETERY OR CREMATORY RICHWOODS		24d. LOCATION (City, town, or county) (State) Chay Co. ARK.	
DATE REC'D BY LOCAL REG. April 19, 1950	REGISTRAR'S SIGNATURE Wm. H. Johnson 428			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. J. J. CORNING ARK.	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 25 1950

450-186

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed P. A. Schuman

Licensed Embalmer No. 283

P. O. Address CORNING ARK

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.