

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-045621

STATE FILE NUMBER

FILED VS JAN 5 1961

Registration District No. 102 Primary Registration District No. 5416 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arbyrd		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Arbyrd		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb	d. STREET ADDRESS (If outside, give location) In Town		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) MARTHA FAYE BYRD			4. DATE OF DEATH Month Oct. Day 31 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ 2 WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Feb. 2, 1883		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Dewitt Springs, Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Evans		13b. MOTHER'S MAIDEN NAME Unk	
14. NAME OF HUSBAND OR WIFE J. W. Byrd		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 Johnny Byrd, Arbyrd, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart disease DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH 12 Min 20 years	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2		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 ☐ NOT WHILE AT ☐			
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 _____, to _____, and last saw her alive on 10/30/60 Death occurred at 2:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Describe or title) R. P. Polenske M.D.		22b. ADDRESS Waverlyville, Mo	
22c. DATE SIGNED 11/4/60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/1/60	
23c. NAME OF CEMETERY OR CREMATORY Leachville		23d. LOCATION (City, town, or county) Leachville, Arkansas		(State)	
24. FUNERAL DIRECTOR HEATH FUNERAL HOME, Paragould, Ark.		25. DATE RECD. BY LOCAL REG. 11-21-60		26. REGISTRAR'S SIGNATURE Elena Saltnack	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

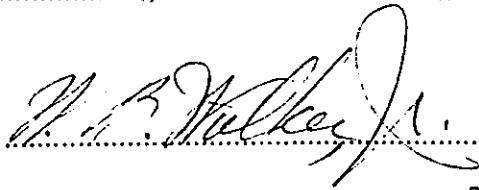
MEDICAL CERTIFICATION

Dr. Polansky

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 

Arkansas Licensed Embalmer No. 1054

P. O. Address Paragould, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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