

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007243

STATE FILE NUMBER

AMENDED

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 9

FILED MAR 12 1962

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mississippi</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>              |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Anniston (St. James Twp.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | Length of stay in 1b<br><b>1</b> years                                                                                                                      |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Anniston, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |                                      |
| c. CITY OR TOWN <b>Anniston</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |                                      |
| d. STREET ADDRESS<br><b>Gen. Del.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                       |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Elmer</b> Middle <b>Hugh</b> Last <b>Byrd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>21</b> Year <b>1962</b>                                                                                        |                                      |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-12-1897</b> |
| 9. AGE (last birthday)<br><b>65</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>5</b> Hours <b>0</b> Min. <b>0</b>                                                                               |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                                                                                         |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>Deventer, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                   |                                      |
| 13a. FATHER'S NAME<br><b>Thomas Byrd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>                                                                                                                 |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Enola Byrd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>World War I</b>                           |                                      |
| 16. SOCIAL SECURITY NO.<br><b>Unknown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | 17. INFORMANT<br><b>Enola Byrd, Anniston, Missouri</b>                                                                                                      |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gunshot wound upper left chest</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Instant</b>                                                                                                          |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>                                        |                                      |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>a family quarrel between Mrs. Byrd and her husband. Mrs. Enola Byrd discharged a 22 Cal. pistol hitting her husband in the left chest causing death</b>                                                                                                                                                                                                                                                                                                                                                               |                                  | 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. _____<br>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.)<br>_____                                                           |                                      |
| 20f. CITY, TOWN, OR LOCATION<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | COUNTY _____ STATE _____                                                                                                                                    |                                      |
| 21. I attended the deceased from <b>After death as Coroner</b> and last saw her <b>him</b> alive on _____<br>Death occurred at <b>about 5:00 A. M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             |                                      |
| 22a. SIGNATURE<br><b>Enola Byrd</b><br>Coroner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | 22b. ADDRESS<br><b>Charleston, Missouri</b>                                                                                                                 |                                      |
| 22c. DATE SIGNED<br><b>3/2/1962</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                  |                                      |
| 23b. DATE<br><b>2-24-62</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>                                                                                             |                                      |
| 23d. LOCATION (City, town, or county)<br><b>Charleston, Missouri</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | 23e. STATE<br><b>Missouri</b>                                                                                                                               |                                      |
| 24. FUNERAL DIRECTOR<br><b>Travis Shelby, East Prairie, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-9-1962</b>                                                                                                             |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>David Fitzgibbon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                             |                                      |

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 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

*Walter Shelly Jr.*

Licensed Embalmer No. 4940

P. O. Address East Prairie, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.