

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26403

90

BIRTH NO.		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 3017	Registrar's No. 90
1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PRAIRIE HOME Mo 0270		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RAUENSWAY HOSPITAL		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) ROBERT THOMAS BYLEY		a. (First) THOMAS		b. (Middle)
4. DATE OF DEATH SEPT. 4 1950		c. (Last) BYLEY		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 8 - 1867	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNERS		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI
13a. FATHER'S NAME JOSEPH BYLEY		13b. MOTHER'S MAIDEN NAME SUSAN HARRIS		13c. NAME OF HUSBAND OR WIFE SUSAN BYLEY
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Robert Edward Prairie Home
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, asphyxia, etc., but means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation  ANTECEDENT CAUSES DUE TO (b) Heart Block DUE TO (c) Chr. Degenerative Myocarditis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy & Arteriosclerosis 4221		INTERVAL BETWEEN ONSET AND DEATH 20 min
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)		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 April 19 49, to Sept 4, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 2:00 p.m. from the causes and on the date stated above.				
23a. SIGNATURE M. Dietzinger MD		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 9/4/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-6-1950		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM BOONVILLE Mo.
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 06, Albert Hornbeck Prairie Home Mo.		
DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE 381 D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0270

RECEIVED 9-12-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9-12-50

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Marie Homes 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.