

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32554**

FILED OCT 23 1951

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 264

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1606 Bass Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> | b. (Middle) <u>BLOYCE</u> | c. (Last) <u>BYERS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1951</u> |
|---|---------------------------|------------------------|---|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Dec. 25, 1933</u> | 9. AGE (In years) (Last birthday) <u>17</u> | IF UNDER 1 YEAR (Months) (Days) <u>9</u> <u>22</u> | IF UNDER 2 HRS. (Hours) (Min.) _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High School Student</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Earl Dewey Byers</u> | 13b. MOTHER'S MAIDEN NAME <u>Eula Ruth Buster</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Earl D. Byers, Columbia, Mo.</u> | ADDRESS _____ |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis, infectious (Epidemic jaundice)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Oct. 8, 1951, to Oct. 17, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 1:25 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Janice Baker</u> (Degree or title) _____ | 23b. ADDRESS <u>Columbia, Mo.</u> | 23c. DATE SIGNED <u>Oct. 19, 1951</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 19, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 19 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service</u> ADDRESS <u>Columbia, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 22 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed OCT 22 1951

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 Tom McHenry

Licensed Embalmer No. 2069

P. O. Address Columbia Md

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.