

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43960

State File No. _____

No. 300
10-48

FILED FEB 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Nosco</u> <u>0461</u>				2. USUAL RESIDENCE (Where deceased lived. Institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nosco</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY OR TOWN <u>West Plains</u> <u>0461</u>		d. STREET ADDRESS (If rural, give location) <u>867 Missouri</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bayless</u> b. (Middle) <u>Redford</u> c. (Last) <u>Byers</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>12-14-79</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 1 YEAR Hours <u>17</u>		IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Nosco Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Sam Byers</u>			
13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>				14. NAME OF HUSBAND OR WIFE <u>Maggie Byers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Byers, West Plains, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronal Failure</u> ANTECEDENT CAUSES <u>(Patient found dead sitting in chair in local Bus Station)</u> DUE TO (b) <u>(Patient found dead sitting in chair in local Bus Station)</u> DUE TO (c) <u>(Patient found dead sitting in chair in local Bus Station)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Bus Station</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7824</u>				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 _____, 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert W. D. 3-Coroner</u> (Degree or title)				23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>JAN 7 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains, Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

A. L. Roberts

Licensed Embalmer No. *3472*

P. O. Address *West Lane*

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.