

## STANDARD CERTIFICATE OF DEATH

State File No. **30539**

AUG 27 1952

BIRTH NO.		REG. DIST. NO. <b>352</b>		PRIMARY REG. DIST. NO. <b>6187</b>		Registrar's No. <b>68</b>	
1. PLACE OF DEATH a. COUNTY <b>Taney 1060</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Branson Mo</b> c. LENGTH OF STAY (in this place) <b>2 dr</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lake Taneycomo</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus 0502</b> d. STREET ADDRESS (If rural, give location) <b>841 Warne St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b> b. (Middle) <b>Jarvis</b> c. (Last) <b>Syers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 18 - 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Aug 28 - 1933</b>		9. AGE (In years last birthday) <b>18</b>		10. UNDER 1 YEAR Months <b>11</b> Days <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homebased</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Festus Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Adolph Berkbigler</b>		13b. MOTHER'S MAIDEN NAME <b>Della Dutton</b>		14. NAME OF HUSBAND OR WIFE <b>James John Syers Festus Mo</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Della Dutton Festus Mo</b>			
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* (a) <b>Drowning</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Swimming in Lake Taneycomo</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9294</b> <b>42</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>106</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident Lake Taneycomo</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lake Taneycomo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rockaway Beach Taney Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 18-52 m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Drowning</b>					
22. I hereby certify that I attended the deceased from <b>Aug 18, 1952</b> to <b>8/18, 1952</b> , that I last saw the deceased <b>at 8-18-52</b> , and that death occurred at <b>X</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Harry Francis Cooney</b>				23b. ADDRESS <b>3 Branson Mo</b>		23c. DATE SIGNED <b>8-18-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-21-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Festus</b>		24d. LOCATION (City, town, or county) (State) <b>Festus Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-26-52</b>		REGISTRAR'S SIGNATURE <b>A E Cooney</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>R. D. Wheelchel</b>		ADDRESS <b>Branson Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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10-48

AUG 27 1937

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 Walter L. Cobb

Licensed Embalmer No. 4731

P. O. Address Forsyth 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.