

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HANNIBAL
c. LENGTH OF STAY (in this place) 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MO. b. COUNTY MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HANNIBAL 0644
d. STREET ADDRESS (If rural, give location) 3130 JAMES RD.

3. NAME OF DECEASED (Type or Print)
a. (First) ESTER b. (Middle) (N) c. (Last) BIYLER
4. DATE OF DEATH (Month) (Day) (Year) 11-7-1952

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 7-4-1886 9. AGE (In years last birthday) 66 10. UNDER 1 YEAR Months 0 11. UNDER 1 WEEK Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (State or foreign country) RALLS COUNTY MO 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME AUGUSTUS LUNDBERG 13b. MOTHER'S MAIDEN NAME ANNA CHRISTINE 14. NAME OF HUSBAND OR WIFE CLARENCE BIYLER (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME Miss Velma Biyer - Hannibal ADDRESS -

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) -
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION H200 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/1/52, 1952 to 10/7/52, 1952, that I last saw the deceased alive on 10/7/52, 1952, and that death occurred at 8:10 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Lanning MD 23b. ADDRESS Hannibal MO 23c. DATE SIGNED 11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11-10-1952 24c. NAME OF CEMETERY OR CREMATORY ST JUDE CEMETERY 24d. LOCATION (City, town, or county) (State) MONROE CITY, MO

DATE REC'D BY LOCAL REG. 11-12-52 REGISTRAR'S SIGNATURE Dr. E.M. Lucke 25. FUNERAL DIRECTOR'S SIGNATURE Ralph Clark ADDRESS Hannibal, Mo

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

344
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RECEIVED NOV 18 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 1952

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 Ralph Clark _____

Licensed Embalmer No. 4317 _____

P. O. Address Hennick, 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.