

No. 300
10-48

0940
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14038

State File No.

FILED DEC 22 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENHAM Nursing HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>C.</u> c. (Last) <u>Byers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 22, 1862</u>		9. AGE (In years last birthday) <u>91</u>		10. <u>9</u> MONTHS <u>9</u> DAYS <u>12</u> HOURS <u>12</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton Co., Ind.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS PARKS</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA Frye</u>	
14. NAME OF HUSBAND OR WIFE <u>George Byers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Weiss Elvins Mo</u>		17. ADDRESS		18. CAUSE OF DEATH	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility with senile dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>304X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 Jan. 11, 1951, to Nov. 12, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Morris, D.O.</u>		23b. ADDRESS <u>Elvins, Mo.</u>		23c. DATE SIGNED <u>12-5-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>Leadington, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>		25. ADDRESS <u>Lat Rwy Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. ADDRESS	

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River, 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.