

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44846**

State File No. \_\_\_\_\_

No: 300  
10.48

**FILED DEC 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 40

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saline</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>	
c. LENGTH OF STAY (in this place) <u>40 yr's</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none recently</u>		d. STREET ADDRESS (If rural, give location) <u>Elm St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>David</u>	b. (Middle)	c. (Last) <u>Byers</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 16-1953</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Apr. 25th 1889</u>	<b>9. AGE (in years last birthday)</b> <u>64</u>	<b>IF UNDER 1 YEAR</b> Months <u>7</u> Days <u>21</u>	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired R.R. employee</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hazelridge, Ind.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S</u>
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<b>13a. FATHER'S NAME</b> <u>Lafayette Byers</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elvira Coy</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fay Byers</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>World War One</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Not available</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Fay Byers</u>	<b>ADDRESS</b> <u>Slater, Mo</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CORONARY Occlusion</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Slater Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>5:20 P.M.</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 1953, to Dec 16, 1953, that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>James C. Reed</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>Marshall Mo.</u>	<b>23c. DATE SIGNED</b> <u>12-17-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12/19/1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Slater Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12/18/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Earl C. Metz</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hill Brothers</u>	<b>ADDRESS</b> <u>Slater, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0971

0971

VS OCT 13 1959

JAN 19 1959

MAR 24 1959

JAN 27 1959

MAR 24 1959

JAN 8 1959

DEC 20

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. C. Hill

Licensed Embalmer No. 3090

P. O. Address Stater 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.