

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11987

State File No. _____

1766

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 12 days		c. CITY OR TOWN CAMERON	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EDWARD	b. (Middle) NELSON	c. (Last) BYERS	(Month) April	(Day) 19	(Year) 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 29, 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days 0	Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaner	10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning	11. BIRTHPLACE (City and State or Foreign Country) Cameron, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Byers	13b. MOTHER'S MAIDEN NAME Ellen	14. NAME OF HUSBAND OR WIFE Genevieve BYERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, m, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records	ADDRESS Kansas City Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia		2-3-days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Peritonitis		6 days
	DUE TO (c) Bilateral Hydronephrosis		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (d) CNS Syphilis, tabetic bladder		many	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 10000	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 7, 1954, to April 19, 1954, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE THOMAS J. RANKIN, M.D.	(Degree or title) 0	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 4/19/54
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE APR 20 1954	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) CAMERON MISSOURI
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DATE REC'D BY LOCAL REG. 4-20-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newsome	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO
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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.....
Signature of Student Embalmer

Signed.....
Edward M. St...

Licensed Embalmer No. *44*

P. O. Address *15 C. 11*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.