

FILED APR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8594

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5587</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Preston Twp.</u> c. LENGTH OF STAY (In this place) <u>10 yrs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Preston Township</u> <u>0490</u>				
d. FULL NAME OF HUSBAND OR INSTITUTION <u>6 miles southwest Jasper</u>				d. STREET ADDRESS (If rural, give location) <u>6 Miles S.W. Jasper</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>			b. (Middle) <u>Wood</u>			c. (Last) <u>Byers</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1955</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 29, 1887</u>		
9. AGE (In years last birthday) <u>67</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield, Kansas</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>John Byers</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Byers</u>		14. NAME OF HUSBAND OR WIFE <u>Rena Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rena Byers, Jasper, Mo. R#2</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure (respiratory failure)</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy (Cerebral Hemorrhage)</u> <u>29 days</u> 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 <u>331 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>3/1/55</u> to <u>3/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3:30 p.m. 3/29/55</u> , and that death occurred at <u>9:10 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature] D.O.</u>				23b. ADDRESS <u>Alba, Mo.</u>		23c. DATE SIGNED <u>3/30/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>reburial</u>		24b. DATE <u>4-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lamont Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lamont, Okla.</u>		
DATE REC'D BY LOCAL REG. <u>3-31-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sharp & Selvey, Jasper, Mo.</u>				

(Licensed Embellisher's Statement on Reverse Side)

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

APR 10 1961

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 Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.