

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34505

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 308

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY OR TOWN Hiway 32 near Dis Mark | | c. CITY OR TOWN Iron Mountain | d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION IRON TWP. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) NOAH | b. (Middle) I. | c. (Last) BYERS | 4. DATE OF DEATH (Month) (Day) (Year) Oct 26, 1955 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH JAN 1, 1897 | 9. AGE (in years last birthday) 58 | IF UNDER 1 YEAR (Month) (Day) (Hour) 9 25 | IF UNDER 24 HRS. (Min.) |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) SALEM, MO. | 12. CITIZENRY OF WHAT COUNTRY? USA. |
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| 13a. FATHER'S NAME George BYERS | 13b. MOTHER'S MAIDEN NAME FRANCIS PARKS | 14. NAME OF HUSBAND OR WIFE Wase BYERS. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME Mr James Fletcher Caldwell, Mo | ADDRESS |
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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, assthenia, 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) Skull fracture and multiple injuries | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Coroner Jury verdict: by accident of auto which turned over. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) County Highway | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois, Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Oct. 26, 1955 1:30 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? automobile overturned injuring deceased. |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Paul J. Miller | 23b. ADDRESS Farmington, Mo. | 23c. DATE SIGNED 10/28/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE Oct 29, 1955 | 24c. NAME OF CEMETERY OR CREMATORY WOODLAWN | 24d. LOCATION (City, town, or county) (State) Leadington, MO. |
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| DATE REC'D BY LOCAL REG. Oct. 28, 1955 | REGISTRAR'S SIGNATURE Esther Rudolph | 25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell Fletcher | ADDRESS Farmington, 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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat R*

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.