.300
.48

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

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15409

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam 086 0
c. CITY OR TOWN: Novinger
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ /
STREET ADDRESS (If rural, give location): Rural Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): A.
c. (Last): Byers

4. DATE OF DEATH (Month): 5 (Day): 13 (Year): 56

5. SEX: Female /

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 31, 1880

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 7 Days 12 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Ohio /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hake

13b. MOTHER'S MAIDEN NAME: Jenny Burke

14. NAME OF HUSBAND OR WIFE: E. J. Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Gail Byers — ADDRESS: Novinger, Missouri

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) Complete Obstruction Bile Ducts — INTERVAL BETWEEN ONSET AND DEATH: Possibly 9 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer Head of Pancreas

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: NONE — Surgery Refused 157X

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1956, *to* May 13, 1956, *that I last saw the deceased alive on* May 13, 1956, *and that death occurred at* 11:42 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Laughlin Jr (Degree or title) Do 2 — **23b. ADDRESS**: Kirksville, Mo — **23c. DATE SIGNED**: 5-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify) — **24b. DATE**: May 16-56 — **24c. NAME OF CEMETERY OR CREMATORY**: Martinstown — **24d. LOCATION** (City, town, or county): Putnam County (State): MO

DATE REC'D BY LOCAL REG.: 5-22-56 — **REGISTRAR'S SIGNATURE**: Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE: Husted & Son — **ADDRESS**: Unionville MO

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. O. Husted.....

Licensed Embalmer No. 29

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.