

FILED MAR 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11213**
Registrar's No. **25**

Registration District No. **22**

Primary Registration District No. **4499**

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

02
22

1. PLACE OF DEATH:
(a) County **SHELBY**
(b) City or town **SHELBYNA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **76 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **SHELBY**
(c) City or town **SHELBYNA**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HATTIE MINERVA BYARS**
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **5**
year **1948** hour **9** minute **30** P. M.

4. Sex **♀** Color or race **W**
5. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **THOMAS A. BYARS**
6. (c) Age of husband or wife if alive **82** years
7. Birth date of deceased: **JAN 19 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **SEPT** 19 **47** to **MARCH 5** 19 **48**
that I last saw him **EA** alive on **MARCH 5** 19 **48**
and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **4** Days **16**
If less than one day hr. _____ min. _____

Immediate cause of death **CORONARY THROMBOSIS**
Due to **CORONARY OCCLUSION**

9. Birthplace **MONROE COUNTY, MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **94%**
Of autopsy _____

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____
12. Name **THOMAS J. BYARS**
13. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)
14. Maiden name **MINERVA HENNINGER**
15. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury **1**

16. (a) Informant **Loring J. Byars**
(b) Address **St. Louis, Mo.**
17. (a) **Burial** (b) Date thereof **3/8/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Shelbyna Cemetery**
18. (a) Signature of funeral director **E. Hayes**
(b) Address **SHELBYNA Mo.**
19. (a) **MAR 15 48** (b) **Ruth Joerner**
(Date received local registrar) (Registrar's signature)

23. Signature **H. L. [unclear]** (M. D. or other) **DO**
Address **SHELBYNA** Date signed **3-9-48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 3-48-529
Date Filed MAR 22 1948

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jack Hayes
Licensed Embalmer No. 3699
P. O. Address Shebina 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.