

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13420

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Elm Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elm Twp.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Novinger, Mo. R. F. D. #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Novinger, Mo. R 7 D. #3		4. DATE OF DEATH (Month) (Day) (Year) Apr. 11 1949	
3. NAME OF DECEASED (Type or Print) a. (First) Elza Jephtha b. (Middle) Byers c. (Last)		5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) M	
8. DATE OF BIRTH Sept. 17, 1876		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 6 Days 24 IF UNDER 12 HRS. Hours 24 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William V. Byers		13b. MOTHER'S MAIDEN NAME Margaret Sighfoose	
14. NAME OF HUSBAND OR WIFE Sarah Novinger, Byers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Sarah A. Byers, Novinger, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac hypertension 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 18 months	
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 Nov. 11, 1948 to April 4, 1949 that I last saw the deceased alive on April 4, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. N. W. Gillum M.D.		23b. ADDRESS Unionville Mo	
23c. DATE SIGNED April 5 1949		24. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Apr. 13, 49	
24c. NAME OF CEMETERY OR CREMATORY Martinstown		24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
DATE REC'D BY LOCAL REG. 4-28-49		REGISTRAR'S SIGNATURE Marvell Durbin 266	
5. FUNERAL DIRECTOR'S SIGNATURE R. J. Hunter		ADDRESS Unionville, Mo.	

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

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RECEIVED

District Health Officer No. 1

District File Number 5-49-81

Date Filed MAY 10 1949

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.

Signed _____

Murd E. Shusteg

Licensed Embalmer No. _____

3307

Signed _____
Student Embalmer

P. O. Address _____

Unionville, N.C.

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.