

FILED MAY 24 1949

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. 15087

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5179		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>Camden Co. rural - Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton, Missouri</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stausas City</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>1614 Forest</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard Byas Jr.</u>		b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 22, 1922</u>	
9. AGE (In years last birthday) <u>27</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Pilot</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leonard Byas</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Goodin</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta Byas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Byas</u> ADDRESS <u>1614 Forest, K.C. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull &amp; Brain</u> (b) <u>Plane Crash</u> (c) <u>exact cause not known</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>E 8616</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>air field</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camdenton Camden Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 15, 1949</u> <u>noon</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Plane crash on air field</u>			
22. I hereby certify that I attended the deceased from <u>May 15, 1949</u> , to <u>May 15, 1949</u> ; that I last saw the deceased alive on <u>May 15, 1949</u> , and that death occurred at <u>noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Wooley, Coroner</u>				23b. ADDRESS <u>Camdenton Mo</u>		23c. DATE SIGNED <u>May 16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial &amp; removed</u>		24b. DATE <u>May 15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stausas City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Stausas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 17-1949</u>		REGISTRAR'S SIGNATURE <u>Zelpha Draw</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Davis Bro.</u>		ADDRESS <u>1729 Lydia, Stausas City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 449-588

Date Filed 5-22-49

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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

*Bruce Riley*

Signed.....

Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 2506 Benton Bk

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.