

FILED NOV 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36989**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 147

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 East Crowder Road</u>		d. STREET ADDRESS (If rural, give location) <u>112 East East Crowder Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HORATIO</u> b. (Middle) <u>H (RAY)</u> c. (Last) <u>BYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-19-49</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 4, 1880</u>
9. AGE (In years last birthday) <u>69</u> if UNDER 1 YEAR <u>4</u> if UNDER 4 HRS. <u>15</u>		11. BIRTHPLACE (State or foreign country) <u>Alliance Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SPECIAL POLICE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DETECTIVE AGENCY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>MYRTLE BYERS</u>	
13a. FATHER'S NAME <u>Wm R. Byers</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN BYERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>547-24-5448</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Byers</u>		ADDRESS _____	
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>Cornary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>cardiac insufficiency, nephritis, arteriosclerosis, nitrogen retention</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>1 yr.</u> <u>4 yr</u> <u>4 1/2</u>	
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 <u>May</u> 19 <u>49</u> , to <u>Nov. 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 18</u> , 19 <u>49</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Douglas S. Pearce D.O.</u>		23b. ADDRESS <u>305 W. 12th Trenton Mo.</u>	
23c. DATE SIGNED <u>11-19-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mich. Kansas City</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Royce A. Davis Trenton Mo.</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>11-19-49</u>	
REGISTRAR'S SIGNATURE <u>Irene Fair</u>		ADDRESS _____	

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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 \_\_\_\_\_

*My self*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Raymond Davis*

Licensed Embalmer No. *3424*

P. O. Address *Stenton 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.