

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1921

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5986 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>OZARK</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY OR TOWN <b>Brixey</b> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brixey</b>	
c. LENGTH OF STAY (If this place) <b>lifetime</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Autaw</b> b. (Middle) <b>William</b> c. (Last) <b>Byerley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>2/13/1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Brixey, Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Autaw Byerley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Little</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Byerley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, non-combat) <b>No</b> (If yes, was war or other service) _____		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bessie Byerley</b> ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <b>Atherosclerosis</b>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<b>4/10X</b>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 **Oct 12, 1949** to **Jan 23, 1950**, that I last saw the deceased alive on **Dec 6, 1949**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Kenney M.D.</b>		23b. ADDRESS <b>MOSEWOOD WY 26</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 24, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Souder Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>Dora, Mo.</b>		(State) <b>1950</b>	

DATE REC'D BY LOCAL REG. <b>2-18-50</b>		REGISTRAR'S SIGNATURE <b>William Cogswell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Barber</b> ADDRESS <b>Wm Grove</b>	
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45. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 7 1950

District Health Office No. 6

District File Number 250-174

Date Filed 2-7-50

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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

Signed

*Russell Barber*

Licensed Embalmer No. 3848

P. O. Address

*Mtn. Grove, Tn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.