S. No. 300
. 10.48

0620
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31048

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5748 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mine La Motte, Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. N.E. of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mine La Motte, Rural 0620
d. STREET ADDRESS (If rural, give location): 5 mi. N.E. of Fredericktown

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) May c. (Last) Byers

4. DATE OF DEATH (Month) (Day) (Year): Sept 16, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26, 1885
9. AGE (In years last birthday): 64 — If under 1 year: Months 10, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Madison County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William J. Priest
13b. MOTHER'S MAIDEN NAME: Martha Moore
14. NAME OF HUSBAND OR WIFE: J. Bert Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. Bert Byers — **ADDRESS**: Mine La Motte, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abscess of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6-1-50

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Cholecystitis — 6-5-49

DUE TO (c) Cholelithiasis — 4-48

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cholecystectomy 7-2-49. — 582X

19a. DATE OF OPERATION: 7-24-50
19b. MAJOR FINDINGS OF OPERATION: Abscess of liver.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 8-11-50
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Geo. L. Watkins M.D.
23b. ADDRESS: Farmington Mo
23c. DATE SIGNED: 9-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 18, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mine La Motte Cemetery
24d. LOCATION (City, town, or county) (State): Madison County Mo.

DATE REC'D BY LOCAL REG.: 9-22-1950
REGISTRAR'S SIGNATURE: Florence Hicks
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25. FUNERAL DIRECTOR'S SIGNATURE: Webb-Adamson, Inc.
ADDRESS: Fredericktown Mo.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
SEP 28 1950
FILE No. 95-0-26

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, [redacted] .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Fredericktown, 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.