

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33014**
Registrar's No. **79**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1251

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

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City	
c. LENGTH OF STAY (in this place) 9 Days		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Biddle	c. (Last) Bywaters	4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR 5 Months 23 Days	IF UNDER 24 HRS. --- Hours --- Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Platte Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME R.H. Bywaters	13b. MOTHER'S MAIDEN NAME Elizabeth Harrington	14. NAME OF HUSBAND OR WIFE Olivia Harris Bywaters
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME R. H. Bywaters, Cameron, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Permeation Anemia		INTERVAL BETWEEN ONSET AND DEATH 2900
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-20, 1950, to 10-29, 1950**, that I last saw the deceased alive on **10-28, 1950**, and that death occurred at **9:10A** m., from the causes and on the date stated above.

23a. SIGNATURE J.D. Kunitz (Degree or title) MD	23b. ADDRESS Cameron, Mo.	23c. DATE SIGNED 10-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-1950	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Camden Point, Missouri
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DATE REC'D BY LOCAL REG. 10-31-50	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE A.O. Dickerson	ADDRESS Hope Funeral Home, Gallatin, Mo.
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *L. O. Richesson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.