No. 300
10-48

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9064

BIRTH NO. _____ REG. DIST. NO. 158 PRIMARY REG. DIST. NO. 5577 Registrar's No. 56

490

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN ~~Asbury~~ Jasper Twp Pineda
c. LENGTH OF STAY (in this place) 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Asbury, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Asbury 0.490
d. STREET ADDRESS (If rural, give location) Asbury, Missouri

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Courtney c. (Last) Byler

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 3, 1871
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 11 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Linn Creek, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John B. Moulder
13b. MOTHER'S MAIDEN NAME Martha J. Capps
14. NAME OF HUSBAND OR WIFE Thomas D. Byler (Deceased)

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 Lula Hamilton, Webb City, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-sclerosis — 15 years.
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 4500
20. AUTOPSY? YES ☐ NO ☒

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) 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* April 8, 1950, *to* March 28, 1951, *that I last saw the deceased alive on* March 28, 1951, *and that death occurred at* 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stiles (Degree or title) D. O. 2
23b. ADDRESS Asbury, Missouri
23c. DATE SIGNED Mar. 29, 51.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 3-30, 51
24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery
24d. LOCATION (City, town, or county) (State) N. Of Webb City, Mo.

DATE REC'D BY LOCAL REG. Mch 29-51
REGISTRAR'S SIGNATURE G. L. Pritchett M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4/3/51
Jasper County Health Office
County File Number 51/3/287
Date Filed 4/3/51

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 Embalmer No. .....

Signed Clayton M. Johnston

Signed .....
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo.

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

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