S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

830

State File No.

FILED FEB 5 1952

BIRTH NO. REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SULLIVAN R.R. 1
c. LENGTH OF STAY (in this place) 23 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SULLIVAN Rural
d. STREET ADDRESS (If rural, give location) R.R. #1. SEMINARY LANE

3. NAME OF DECEASED (Type or Print)
a. (First) ORA
b. (Middle)
c. (Last) BYERS

4. DATE OF DEATH (Month) (Day) (Year) JAN 7 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH FEB 20 1873
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 10 Days 17 | 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
11. BIRTHPLACE (State or foreign country) TRENTON, GEORGIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN MASSEY
13b. MOTHER'S MAIDEN NAME ANNA MILLER
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Sulke ADDRESS Sullivan, 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerosis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 447X
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* May, 1948, *to* Jan 5, 1952, *that I last saw the deceased alive on* Jan 5, 1952, *and that death occurred at* 9 P. m. *from the causes and on the date stated above.*

23a. SIGNATURE Donald Kell (Degree or title) DO
23b. ADDRESS Bourbon, Mo.
23c. DATE SIGNED 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-9-52
24c. NAME OF CEMETERY OR CREMATORY CROW CEMETERY
24d. LOCATION (City, town, or county) SULLIVAN MO. R#1 (State)

DATE REC'D BY LOCAL REG. 1-10-52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE H.M. Eaton ADDRESS SULLIVAN, MO

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Matthews

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Edgar W. Taylor

Licensed Embalmer No. 13394

P. O. Address Sullivan, 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.