

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2594

State File No.

BIRTH NO. 70409 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft Leonard Wood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) 12F Pulaski St <u>0</u>	

3. NAME OF DECEASED (Type or Print) PAMELA	a. (First)	b. (Middle)	c. (Last) BYERS	4. DATE OF DEATH Feb 1 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Jan 29, 1953	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Edmund Byers	13b. MOTHER'S MAIDEN NAME Patricia Lee Moseley	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS US Army Hospital B. J. BAJORIN, Maj, MSC Ft Leonard Wood, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature labor DUE TO (c) Premature rupture of membranes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776X	

19a. DATE OF OPERATION None	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) (Min.)	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 2138 hrs 29 Feb, 1952, to 1 Feb, 1953, that I last saw the deceased alive on 1 Feb, 1952, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE MALVERN T. BRYAN (Degree or title) Major, MC	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 2 Feb 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb 3-1953	24c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	24d. LOCATION (City, town, or county) (State) Iberia Missouri
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DATE REC'D BY LOCAL REG. 2-2-53	REGISTRAR'S SIGNATURE Paula Spee Anderson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hedgoc Funeral Home Iberia Mo-
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(Licensed Embalmer's Statement on Reverse Side)

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

850
0

Date Filed 3-7-53
File Number _____

Pulaski County Health Officer

RECEIVED
3-7-53

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.

Not Embalmed

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.