

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22667

State File No. ....

No. 300  
10.48

FILED JUN 22 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 213

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. FRANCOIS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big River Twp.</u>  |  | c. LENGTH OF STAY (In this place)  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big River Twp.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>R.I. BONNE TERRE 0940 0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.I. BONNE TERRE</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12 1953</u>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ARCH</u> b. (Middle) <u>B</u> c. (Last) <u>BYERS</u>   |  | 5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>JUNE 4 1890</u>  |  |
| 9. AGE (In years last birthday) <u>63</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla Mo</u>   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>JOSEPH BYERS</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>ELLEN CARPENTER</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>DELIA BYERS</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>YES (W.WAR I)</u>   |  |
| 16. SOCIAL SECURITY NO. <u>499-03-6190</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DELIA BYERS R.I. BONNE TERRE Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pulmonary Tuberculosis</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <u>malnutrition</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Chronic myocarditis</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>002X</u>   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 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) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?  |  | 22. I hereby certify that I attended the deceased from <u>Apr. 15 1938</u> to <u>June 12 1953</u> that I last saw the deceased alive on <u>June 8 1953</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.   |  |
| 23a. SIGNATURE (Degree or title) <u>R. L. Evans M.D.</u>  |  | 23b. ADDRESS <u>W.D. Bonne Terre Mo</u>  |  |
| 23c. DATE SIGNED <u>6-15-53</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  |
| 24b. DATE <u>JUNE 15 1953</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>   |  |
| 24d. LOCATION (City, town, or county) (State) <u>FLAT RIVER Mo</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bernard Huber Bonne Terre Mo</u>   |  |
| DATE REC'D BY LOCAL REG. <u>JUNE 16 1953</u>  |  | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>  |  |

(Licensed Emballer's Statement on Reverse Side)

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

940 /

JUL 7 1953

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 Charles J. Raywell

Licensed Embalmer No. 3706

P. O. Address Bonnet Street 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.