

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **40308**

FILED JAN 10 1955

BIRTH NO. Arkansas REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5177 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Monticello</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Edward Dean Byler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15-1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Oct 1-1934</u>	9. AGE (In years) (Month) (Day) <u>20</u>	10. IF UNDER 1 YEAR (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Rogers Ark.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Benson Byler</u>	13b. MOTHER'S M maiden name <u>Merl Byler</u>	14. NAME OF HUSBAND OR WIFE <u>Merl Byler as above</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Merl Byler as above</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia. Kidneys</u> ANTECEDENT CAUSES DUE TO (b) <u>Chicken pox</u> DUE TO (c) <u>bowel disorder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>W. C. P.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Dec 15, 1954 to Dec 15, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at Camden, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abbe Woolery Coroner</u>		23b. ADDRESS <u>Camden, Mo.</u>	23c. DATE SIGNED <u>Dec 15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec 16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Camden, MO</u>
DATE REC'D BY LOCAL REG. <u>Jan 4-1955</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Woolery</u>	ADDRESS <u>Camden, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

Prepared

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

Abbie Barbara Woolery

Licensed Embalmer No. *2488*

P. O. Address

Camden, N. J.

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.