

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7172**
Registrar's No. **61**

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037**

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Salt River Twp.)		c. LENGTH OF STAY (in this place) _____	
c. CITY OR TOWN Mexico		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Salt River Twp.		STREET ADDRESS (If rural, give location) R. F. D. 4	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Byars		4. DATE OF DEATH (Month) (Day) (Year) March 17 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 21, 1906
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY WholeSale Gro.	
11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George R. Byars		13b. MOTHER'S MAIDEN NAME Elizabeth M. Watts	
14. NAME OF HUSBAND OR WIFE Mrs. Eva Mae Scott Byars			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1922--1925		16. SOCIAL SECURITY NO. 491-05-6830	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Mae Byars		ADDRESS Mexico, Mo. RFD 4	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension	
		DUE TO (c) Left cerebral Hemorrhage	
II. OTHER SIGNIFICANT CONDITIONS		Interval 3 1/2 years	
Conditions contributing to the death but not related to the disease or condition causing death Atherosclerosis		Interval 4 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) none	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 2/21, 1951 , to 3/17, 1955 , that I last saw the deceased alive on 3/17, 1955 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Thos. T. Sawyer, M.D. (Degree or title)		23b. ADDRESS Mexico, Mo.	
23c. DATE SIGNED 3/18/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-20-1955	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. Mar 20-1955		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home		ADDRESS Mexico, Mo.	

FEB 29 1958

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.....
Signature of Student Embalmer

Signed *Richard McDonald*

Licensed Embalmer No. *482*

P. O. Address *Mexico*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.