

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1957

State File No.

926

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) 30 YEARS

STREET ADDRESS (If rural, give location) 2202 EAST 68th TERRACE

d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1

3. NAME OF DECEASED (Type or Print) a. (First) DORRANCE b. (Middle) JOSEPH c. (Last) Byars III 4. DATE OF DEATH (Month) (Day) (Year) 2 25 1957

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH Nov 25, 1926 9. AGE (In years last birthday) 30 # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN 10b. KIND OF BUSINESS OR INDUSTRY Modeling Studio 11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DORRANCE JOSEPH BYARS II 13b. MOTHER'S MAIDEN NAME ALBERTA Combs 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II 16. SOCIAL SECURITY NO. 495-20-5958 17. INFORMANT'S SIGNATURE OR NAME MRS RUSSELL W. HANSON ADDRESS 2202 EAST 68th TERRACE 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, asthma, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 2604 ANTECEDENT CAUSES DUE TO (b) Diabetes mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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 Feb. 22, 1957, to Feb. 25, 1957, that I last saw the deceased alive on Feb. 25, 1957, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Burns, M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 2-25-57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Feb 27, 1957 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

DATE REC'D BY LOCAL REG. 2-27-57 REGISTRAR'S SIGNATURE Neve Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWSOMERS SONS 1331 GRASH CREEK BLVD K.C. MO.

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

B. I. Burns

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 *Basil V. Honey*

Licensed Embalmer No. *472*

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