X

.S. No. 300
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BYERLEY 7264

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6199 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton Twp.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn. Grove 1141
d. STREET ADDRESS (If rural, give location) 617 Baden

3. NAME OF DECEASED (Type or Print) a. (First) Elmo b. (Middle) Ray c. (Last) Byerlee

4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 57

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH Jan. 22, 1936
9. AGE (In years last birthday) 21 — If under 1 year: Months 0 Days 17 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LaDorer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ROCKBRIDGE Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME W. D. Byerlee
13b. MOTHER'S MAIDEN NAME Delphia Kastning
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME W. D. Byerlee ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull + fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) collision with another vehicle.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* chest injuries + multiple fracture over entire body + lacerations

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 8164 26
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton twp., Texas, Mo. 107
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-10-57 12:10 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? head on collision of 2 cars

22. *I hereby certify that I ~~attended~~ VIEWED the deceased ~~from~~ ON 2-10, 1957, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 12:10 A m., from the causes and on the date stated above.*

23a. SIGNATURE James L. Gentry (Coroner) (Degree or title)
23b. ADDRESS Cabool, Mo.
23c. DATE SIGNED 2-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-13-57
24c. NAME OF CEMETERY OR CREMATORY Lillie Ridge
24d. LOCATION (City, town, or county) (State) Gainesville, Mo

DATE REC'D BY LOCAL REG. 2-14-57
REGISTRAR'S SIGNATURE Gaynell Cunningham
25. FUNERAL DIRECTOR'S SIGNATURE Geoble-Windle ADDRESS Mtn Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

325 0

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtg Grove M

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.