

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30520**

FILED SEP 4 1957

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4478		Registrar's No. 26				
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY Schuyler		
b. CITY OR TOWN Lancaster - MO		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Lancaster		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____				980		
3. NAME OF DECEASED (Type or Print) a. (First) HARVIE			b. (Middle) NATHAN		c. (Last) LYBERGER		4. DATE OF DEATH (Month) (Day) (Year) AUG 27 57			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 27 1906		9. AGE (In years last birthday) 51 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Buyer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Schuyler		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Edson Lyberger			13b. MOTHER'S MAIDEN NAME MAMIE (Ethel) Kitterman Zula Lyberger			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Zula Lyberger			ADDRESS Lancaster MO		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH minutes		
		ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis								
		DUE TO (c) Asthma								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma						years		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 2 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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 8-21 , 19 57 , to 8-27 , 19 57 , that I last saw the deceased alive on Aug-27 , 19 57 , and that death occurred at 8:40 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE NR. Hester				(Degree or title) MD.		23b. ADDRESS Lancaster, Mo.		23c. DATE SIGNED 8-29-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE AUG 29 57		24c. NAME OF CEMETERY OR CREMATORY ARMI Memorial		24d. LOCATION (City, town, or county) Lancaster - MO		(State) _____		
DATE REC'D BY LOCAL REG. 8-29-57		REGISTRAR'S SIGNATURE Wm. A. J. ...			25. FUNERAL DIRECTOR'S SIGNATURE ...		ADDRESS Lancaster MO			

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

SEP 12 1957

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 *Novak L. Foster*

Licensed Embalmer No. *4742*
P. O. Address *Fulerville,*

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.