

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014401

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 4072 Registrar's No. 21

STATE FILE NUMBER

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Linn Creek

Length of stay in lb

3 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

At-Home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):

a. STATE

Mo

b. COUNTY

Camden

c. CITY
OR
TOWN

Linn Creek

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

Virginia

Last

Byers

4. DATE OF DEATH

Month

Mary

Day

1

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec 22-1881

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-Wife

10b. KIND OF BUSINESS OR INDUSTRY

At-Home

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Percival

13b. MOTHER'S MAIDEN NAME

Margaret Hurst

14. NAME OF HUSBAND OR WIFE

Albert Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

Mrs Ada Ray

Linn Creek, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chr Hypertensive Heart Disease with myocardial

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b) degeneration and congestive type failure

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c) Diabetes Mellitus Severe

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis peripheral

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 4 1961 to May 2, 1962 and last saw her alive on May 7 1962

Death occurred at 10:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thos A. Wayland MD

22b. ADDRESS

Camdenton, Missouri

22c. DATE SIGNED

5-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

May 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pawhattan Cemetery

23d. LOCATION (City, town, or county)

Pawhattan

(State)

Kansas

24. FUNERAL DIRECTOR

Robert H. Reed, Camdenton Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 3-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Drew

USE BLACK INK
OR
TYPEWRITER RIBBON

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 _____

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camden, 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.