

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

50

Primary Registration District No.

5179

Registrar's No.

66

FILED DEC 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Camden

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

Roach

Length of stay in 1b

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

a. STATE

Mo

b. COUNTY

Camden

c. CITY  
OR TOWN

Roach

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Roach

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

West Hwy 54

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Smartha

Elizabeth

Byler

4. DATE  
OF DEATH

Month

Day

Year

Dec.

12

- 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

July 16-1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Month

Days

## IF UNDER 24 HR

Hours

Min.

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

House-wife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Francis M. Jones

## 13b. MOTHER'S MAIDEN NAME

Martha Helms

## 14. NAME OF HUSBAND OR WIFE

Tauman Byler

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.

no

## 17. INFORMANT

Mrs Howard Legge, Roach Mo

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 Arteriosclerotic Heart Disease

INTERVAL BETWEEN  
ONSET AND DEATH

5 years

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

## DUE TO (b)

Arteriosclerotic Gangrene right foot and

1 year

## DUE TO (c)

leg

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

Obesity

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. 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

May 1957

to Dec 12 62

and last saw her alive on

Dec 12 1962

Death occurred at

11 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Thos. A. Wayland MD

## 22b. ADDRESS

Roach, Missouri

## 22c. DATE SIGNED

Dec. 15-1962

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Dec. 15-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Roach Cemetery

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

Roach

Mo

## 24. FUNERAL DIRECTOR

Robert H. Reed

## ADDRESS

Camden Mo

## 25. DATE RECD. BY LOCAL REG.

Dec. 15-1962

## 26. REGISTRAR'S SIGNATURE

Zilpha J. Trawer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER, RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

0091 : JAN 02 1977

**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. 3743-

P. O. Address Camdenton 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.