

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

14670

FILED MAY 20 1942

Registration District No. 427

Primary Registration District No. 5575

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Herculaneum  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Josephine T. M. I.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Twenty Years (years, months or days)

3. (a) PRINT FULL NAME Lucille Virginia Byington

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alfred F. Byington 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased July 1 1903 (Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nevada (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Barker  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Leithe Ballee  
15. Birthplace Cedar Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Byington

(b) Address Herculaneum Mo.

17. (a) Burial (b) Date thereof 4-26-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo.

18. (a) Signature of funeral director H. B. Vinyard

(b) Address Festus Mo.

19. (a) 4-34-42 (b) H. P. O'Neary (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Herculaneum (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 13 1942 to April 23 1942  
that I last saw him alive on April 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ovary with general metastasis Duration 10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinomatous cysts left ovary - 10 yrs ago  
Of autopsy none made

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John F. Rutledge (M. D. or other) M.D.  
Address Capital City Mo Date signed April 3, 1942

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

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Al Stuyard*

Licensed Embalmer No. *3010*

P. O. Address..... *Festus 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 this body is not embalmed, fact should be so stated above.**