No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40564
State File No.

FILED DEC 22 1948
Registration District No.

Primary Registration District No. 5592

Registrar's No. 80

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: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 yrs -

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? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Elizabeth Ann Byington
3. (b) If veteran, name war .....
3. (c) Social Security No. —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Phillip Byington
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 29 (Day) – 1858 (Year)

8. AGE: Years 90 Months 7 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: St Francis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: Jesse Shaner
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Shoemaker
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs William Rauscke
(b) Address: Herculaneum Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Hopewell Mo. Cem.
18. (a) Signature of funeral director: H. S. Vineyard
(b) Address: Festus Mo.
19. (a) Dec. 16, 1948 (Date received local registrar) (b) Leona Belleville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1948 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 10, 1946, to Dec. 14, 1948, that I last saw him alive on Dec. 3, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	2½ years +
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature: John T. Rutledge (M. D. or other) M.D.
Address: Crystal City, Mo Date signed Dec 15, 1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 21 1948
Date Filed

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 James J. Commerford, Registered Apprentice No. 236, working under my personal supervision.

Signed H. A. Wingard

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.