

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14386**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington		c. LENGTH OF STAY (in this place) Knob Lick		c. CITY OR TOWN Knob Lick	
d. FULL NAME OF HOSPITAL OR INSTITUTION White Way Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 0470	

3. NAME OF DECEASED (Type or Print) a. (First) Grace	b. (Middle) Rosetta	c. (Last) Byington	4. DATE OF DEATH (Month) (Day) (Year) April 23 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5-1885	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 24 HRS. 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		11. BIRTHPLACE (City and State or Foreign Country) Knob Lick, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Hibbits	13b. MOTHER'S MAIDEN NAME Elizabeth Williams	14. NAME OF HUSBAND OR WIFE Elbridge Byington
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Elbridge Byington	ADDRESS Knob Lick, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of St. Louis <i>Byington</i>		INTERVAL BETWEEN ONSET AND DEATH One
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		

19a. DATE OF OPERATION 4/31/56	19b. MAJOR FINDINGS OF OPERATION. Cancer, Squamous, Colostomy done	20. AUTOPSY? 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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Paris, 1955**, to **April 23, 1956**, that I last saw the deceased alive on **April 23, 1956**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Stambler M.D.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 4/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 26-56	24c. NAME OF CEMETERY OR CREMATORY Knob Lick I.O.O.F. Cem.	24d. LOCATION (City, town, or county) (State) Knob Lick Mo.
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DATE RECORDED LOCAL REG. 4-25-56	REGISTRAR'S SIGNATURE Ester Redloff	25. FUNERAL DIRECTOR'S SIGNATURE Cobean	ADDRESS Funeral Home, Farmington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. *408*

P. O. Address *Jerseyton*

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.