No. 300
10.46

FILED JUN 12 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18120

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Perry County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Bloomsdale, Mo

0950

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle): Clyde
c. (Last): Byington

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3 Nov. 1921
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator Heavy Eq.
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John C. Byington
13b. MOTHER'S MAIDEN NAME: Irene Pinkston
14. NAME OF HUSBAND OR WIFE: Viola Grieshaber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 487-28-3390
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Homer Byington, Bloomsdale, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): multiple fracture
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

Coroner of Perry County, Mo. 8161

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 26
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway-61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Perryville Perry Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 17-1957 11 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Collision car & Truck

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*
Coroner of Perry County, Mo.

23a. SIGNATURE: C M Needman
(Degree or title): Coroner of Perry County, Mo.
23b. ADDRESS: Perryville
23c. DATE SIGNED: 5/21/1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 21, 1957
24c. NAME OF CEMETERY OR CREMATORY: St Philomena Cemetery
24d. LOCATION (City, town, or county) (State): Bloomsdale, Missouri

DATE REC'D BY LOCAL REG.: 5-21-57
REGISTRAR'S SIGNATURE: Jos J Goellner
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kramer & Hawker St Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

750

JAN 12 1958

JAN 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerome H Stanton

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.