

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25869
STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 820

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEOPATHIC HOSP.			Length of stay in lb		d. STREET ADDRESS (If outside, give location) ROUTE #3			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle LEE Last BYINGTON				4. DATE OF DEATH Month JULY Day 8 Year 1957				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 2, 1892		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 6 Days 6 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOT EMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY NOT EMPLOYED		11. BIRTHPLACE (City and state or country) STE. GENEVIEVE COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY BYINGTON				14. MOTHER'S MAIDEN NAME MELISSA HARRIS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 488204539		17. INFORMANT Address Mrs. Lee Byington, RFD#3, Farmington				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) Coronary vascular disease DUE TO (c) Coronary infarct stroke							Mo. INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 25, 57 , to July 8, 1957 and last saw him alive on 7/8/57 Death occurred at 1:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. A. Rudloff, D.O.				22b. ADDRESS 2 1/2 E. Pine Mo.		22c. DATE SIGNED 7/10/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11, 1957	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		23d. LOCATION (City, town, or county) FARMINGTON, MISSOURI			
24. FUNERAL DIRECTOR C. H. COZEAN ADDRESS FARMINGTON, MO.			25. DATE RECD. BY LOCAL REG. July 10, 1957		26. REGISTRAR'S SIGNATURE Esther Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

with welfare public service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9-0

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
CA Cozart

Licensed Embalmer No. *40*

P. O. Address *Springton*

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