

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045487
STATE FILE NUMBER
12047

FILED JAN 5 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12047

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 2026 Nicholson Pl.	
Length of stay in lb 25		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> 23	
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR L. BYINGTON			4. DATE OF DEATH Month Day Year 12 12 1958
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 2-28-1887
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	11. BIRTHPLACE (City and state or country) Hopewell, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Richard Byington	
14. MOTHER'S MAIDEN NAME Emily Ramsey		15. NAME OF HUSBAND OR WIFE Emma Byington	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. Unknown	
18. INFORMANT Orville Byington, 2026 Nicholson Pl.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Access in the lower mental cavity</i> DUE TO (b) <i>Chronic Subdural Hematoma</i> DUE TO (c) <i>Cardiac Hypertrophy</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suffered in fall from steps</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>to basement of home on December 4, 1958.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 12 4 58		20d. PLACE OF INJURY (e.g., in or about home, farm, etc., street, office bldg., etc.) <i>23 Home</i>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>2257</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Orville Byington</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>12/15/58</i>		22d. SIGNATURE <i>Orville Byington</i>	
22e. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	22f. DATE <i>12-15-58</i>	22g. NAME OF CEMETERY OR CREMATORY <i>Hopewell Cemetery</i>	22h. LOCATION (City, town, or county) (State) <i>Hopewell, Missouri</i>
23. FUNERAL DIRECTOR ADDRESS <i>McLAUGHLIN'S, 2301 Lafayette</i>		24. DATE RECD. BY LOCAL REG. <i>DEC 15 '58</i>	25. REGISTRAR'S SIGNATURE <i>Orville Byington</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *James R. Chapman*
Licensed Embalmer No. *4550*
P. O. Address *H. Linn Mc*

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.