

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010322  
STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 100  
**FILED MAR 22 1961**

1. PLACE OF DEATH a. COUNTY <b>ST FRANCOIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST FRANCOIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FARMINGTON</b>		Length of stay in 1b	c. CITY OR TOWN <b>KNOBLICK</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WHITE WAY HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>rt # 1</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ELBRIDGE</b> Middle <b>BYINGTON</b> Last			4. DATE OF DEATH Month <b>MAR.</b> Day <b>12</b> Year <b>1961</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/29/78</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>STE GENEVIEVE CO. U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM BYINGTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET LAW SORICE</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS. BERT BURR BONNE TERRE MO.</b>			
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>Acute Myocardial Infarction</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)				
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 checked="" 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 <i>mar 5, 1961</i> to <i>mar 7, 1961</i> and last saw her <i>alive</i> on <i>mar 10, 1961</i> Death occurred at <i>3:00a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Hurstfield</i> (Degree or title)			22b. ADDRESS <i>Farmington mo</i>		22c. DATE SIGNED <i>3/13/61</i>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>BURIAL</b>	23b. DATE <b>3/14/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>KNOBLICK IOOF</b>	23d. LOCATION (City, town, or county) <b>KNOBLICK MISSOURI</b>			
24. FUNERAL DIRECTOR ADDRESS <b>C.H. COZEAN FARMINGTON MO.</b>		25. DATE RECD. BY LOCAL REG. <i>Mar. 13, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>			

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 \_\_\_\_\_

*[Handwritten Signature]*  
Licensed Embalmer No. 4084  
P. O. Address Farmington

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.