

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016480

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 154

STATE FILE NUMBER

FILED APR 24 1962

VS 300 Rev. 4/59

1 0945

2 0950

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12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		Length of stay in 1b 10 DAYS	c. CITY OR TOWN WEINGARTEN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SUN SET RETIREMENT HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) WEINGARTEN, MO., ROUTE # 1
3. NAME OF DECEASED (Type or print) First JOHN Middle CLAUDE Last BYINGTON		4. DATE OF DEATH Month APRIL Day 15 Year 1962	
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 11-14-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER	9. AGE (last birthday) 67
11a. BIRTHPLACE (City and state or country) STE. GENEVIEVE, Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME NEWTON BYINGTON		13b. MOTHER'S MAIDEN NAME FRANCES WATTS	14. NAME OF PURPOSE WIFE IRENE PINKSTON BYINGTON
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. <input type="checkbox"/>	17. INFORMANT Address ROUTE # 1 MRS. IRENE BYINGTON, WEINGARTEN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Cerebral apoplexy DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day, 4 days
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 <input checked="" type="checkbox"/> Month, Day, Year		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 April 12, 1962 to April 15, 1962 and last saw her alive on April 15, 1962 Death occurred at 11:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jerome H. Stanton (Degree or title)		22b. ADDRESS Farmington Mo	22c. DATE SIGNED 4/17/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-18-1962	23c. NAME OF CEMETERY OR CREMATORY ALSBUARY CHAPEL BAPTIST CEMETERY	23d. LOCATION (City, town, or county) ROUTE #1, BONNE TERRE, MISSOURI
24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. April 17, 1962	26. REGISTRAR'S SIGNATURE Esther Rudloff

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

Jerome L. Stauts

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

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.