

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14386**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 162

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, write RURAL and give township) <b>Farmington</b>		c. CITY OR TOWN <b>Knob Lick</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>White Way Nursing Home</b>			
e. STREET ADDRESS (If rural, give location) <b>0970</b>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<b>Grace</b>	<b>Rosetta</b>	<b>Byington</b>		<b>April 23 1956</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 5-1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>18</b>	IF UNDER 12 HRS. Hours <b>0</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Knob Lick, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Hibbits</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Williams</b>	14. NAME OF HUSBAND OR WIFE <b>Elbridge Byington</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elbridge Byington</b>	ADDRESS <b>Knob Lick, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of sigmoid</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153X</b>		

19a. DATE OF OPERATION <b>4/31/56</b>	19b. MAJOR FINDINGS OF OPERATION. <b>Cancer, sigmoid, colostomy done</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Part 4, 1955**, to **April 23, 1956**, that I last saw the deceased alive on **April 23, 1956**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. Staniewicz</b>	23b. ADDRESS <b>Farmington, Mo.</b>	23c. DATE SIGNED <b>4/25/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knob Lick I.O.O.F. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Knob Lick Mo.</b>
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DATE RECORDED LOCAL REG. <b>4-25-56</b>	REGISTRAR'S SIGNATURE <b>Ester Redloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cobean</b>	ADDRESS <b>Funeral Home, Farmington, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890

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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.....



Licensed Embalmer No. 408

P. O. Address Hampton

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.