

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **28192**  
Registrar's No. **7455**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7455</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) <b>20 Years</b>		c. CITY OR TOWN <b>Saint Louis</b>		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>4311a N. 20th Street, 7.</b>				e. STREET ADDRESS (If rural, give location) <b>4311a N. 20th Street, 7, 20990</b>			
3. NAME OF DECEASED (Type or Print) <b>FULTON</b>		a. (First) _____ b. (Middle) <b>A.</b> c. (Last) <b>BYINGTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 10th, 1956</b>			
5. SEX <b>C</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 21st, 1891</b>		9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machine Opr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cupples-Hesse Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Francois Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Arzell Byington</b>		13b. MOTHER'S MAIDEN NAME <b>Malissa Mackley</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Byington nee Owens</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World War # 1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>499-12-7030 Pearl Byington, 4311a N. 20th Street, 7.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbidity 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.  INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		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 <b>April 7, 1955</b> , to <b>Aug 10, 1956</b> , that I last saw the deceased alive on <b>Aug 10, 1956</b> , and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above. <b>8-13-56</b>							
23a. SIGNATURE <b>Nathan Bilsky</b> M.D. (Degree or title) <b>Nathan Bilsky</b>				23b. ADDRESS <b>2739 N. Grand</b> <b>2739 N. Grand Ave</b>		23c. DATE SIGNED <b>8.13.56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/13/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 13 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FURNERAL HOME, INC., St. Louis, 15, Missouri.</b>			

3.02. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 4278

P. O. Address St. Louis

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.