

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5885

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 69

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) OR TOWN <b>FARMINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON 0941</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <b>JOSEPH</b> b. (Middle) <b>HEAORD</b> c. (Last) <b>BYINGTON</b>			4. DATE OF DEATH <b>FEB 28 1950</b> (Month) (Day) (Year) <del>MAY 3 1867</del>		
5. SEX <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>MAY 3 1867</b>	9. AGE (In years last birthday) <b>82</b>	10. UNDER 1 YEAR Months <b>9</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>STE GENEVIEVE COUNTY MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JACK BYINGTON</b>		13b. MOTHER'S MAIDEN NAME <b>SUSANNA HEAORD</b>		14. NAME OF HUSBAND OR WIFE <b>LILY <del>ETHEL HAYNES</del> BYINGTON</b>	
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>ETHEL HAYNES FARMINGTON MO</b> ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Prostate</b>			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bilateral parotitis</b>			

19a. DATE OF OPERATION <b>May 24, 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Prostate</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) (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 **Dec**, 1947, to **Feb 28**, 1950, that I last saw the deceased alive on **Feb 27**, 1950, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George L. Withers M.D.</b> (Degree or title)		23b. ADDRESS <b>Farmington, Mo.</b>		23c. DATE SIGNED <b>3-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR 3 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>THREE RIVERS</b>	
		24d. LOCATION (City, town, or county) (State) <b>NEAR FARMINGTON MO</b>			
DATE REC'D BY LOCAL REG. <b>Mar. 3, 1950</b>		REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozeman City</b> ADDRESS <b>Farmington, Mo.</b>	

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

0941  
1

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-307

---

---

**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 .....  
Student Embalmer

Signed: *A. Cozear* .....

Licensed Embalmer No. 4084 .....

P. O. Address Farmington, 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 this body is not embalmed, fact should be so stated above.