

FILED JUN 12 1957 STANDARD CERTIFICATE OF DEATH

State File No. 18120

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Bloomsdale, Mo</u> <u>0950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Glyde</u> c. (Last) <u>Byington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3 Nov. 1921</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator Heavy Eq.</u>		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <u>Bonne Terre, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		13a. FATHER'S NAME <u>John C. Byington</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Pinkston</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Grieshaber</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. II</u>		16. SOCIAL SECURITY NO. <u>487-28-3390</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Homer Byington, Bloomsdale, Mo.</u>			
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) <u>Crushed Chest</u> ANTECEDENT CAUSES <u>Multiple Fractures</u> 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. <u>Mayor of Perry County, Mo. 8/61</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>26</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) <u>SUNGLIDE</u> <u>HOMICIDE</u> <u>Accident Highway-61</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway-61</u>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) <u>PERRYVILLE OF PERRY</u> <u>MO</u>		21d. HOW DID INJURY OCCUR? <u>COLLISION CAR & TRUCK</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 17-1957 11 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Coroner of Perry County, Mo.</u> , 19 <u>57</u> , to <u>1957</u> , that I last saw the deceased alive on <u>May 19, 1957</u> at <u>Perry County, Mo.</u> , and that death occurred at <u>1:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. M. Neenan</u> Coroner of Perry County, Mo.			23b. ADDRESS <u>Perryville</u>			23c. DATE SIGNED <u>5/21/1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Philomena Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomsdale, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-21-57</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gerome H. Hester Ste Genevieve Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1957

JAN 23 1958

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 W. Stanton

Licensed Embalmer No. 3817

P. O. Address St. Charles

**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.**