

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9270

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, write RURAL and give town or TOWN Farmington		a. STATE Missouri		b. COUNTY St. Francois	
c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN Farmington		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		09917	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) 205 N. Main			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Edward		b. (Middle) Byington		c. (Last)		Date (Month) (Day) (Year) Mar 10 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 18 1874	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY retired laborer		11. BIRTHPLACE (City and State, or Foreign Country) St. Francois County, Mo USA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ephram Byington		13b. MOTHER'S MAIDEN NAME Tennessee Richardson		14. NAME OF HUSBAND OR WIFE Mattie 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mattie Byington Farmington Mo			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease					
		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4200	
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 <u>2-13</u> , 19 <u>55</u> to <u>3-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-7-55</u> , 19 <u>55</u> , and that death occurred at <u>11:00 noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. E. Conleton, M.D.				23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 3-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE: March 13 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemerery		24d. LOCATION (City, town, or county) (State) Farmington Mo	
DATE REC'D BY LOCAL REG. Mar. 14, 1955		REGISTRAR'S SIGNATURE C. E. Conleton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cozean Farmington Mo			

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

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.....

W. Cozart

Licensed Embalmer No. *408*

P. O. Address *Farmington*

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.