

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2792**

FILED JAN 20 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 12

0940

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural (Perry)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural (Perry)</u> 0940	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>near Farmington</u> 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>B.</u> c. (Last) <u>Byington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec</u> <u>Jan</u> <u>9</u> <u>1953</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 10 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. COUNTRY OF BIRTH <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve County, Mo</u>		12. CITIZENRY <u>U.S.A</u>

13a. FATHER'S NAME <u>Dr. J. W. Braham</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Tyler</u>		14. NAME OF HUSBAND OR WIFE <u>Kennett Byington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kennett Byington Farmington, rt2</u> <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>arterio sclerosis</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>unknown</u>		MEDICAL CERTIFICATION <u>331 X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>2-15</u>	
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)	
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 Sept-15-1952 to Jan-3-1953 and that death occurred at 3 a. m. from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Evans M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre Mo</u>		23c. DATE SIGNED <u>1-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 12 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park View</u>	
24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u> ADDRESS <u>Farmington mo</u>			

DATE REC'D BY LOCAL REG. <u>Jan 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u> ADDRESS <u>Farmington mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1954

NOV 19 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chicozan

Signed.....
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.