

No. 300
10.48

FILED DEC 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43252

BIRTH NO. 1 REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 95

1. PLACE OF DEATH
 a. COUNTY St. Genevieve
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington Route 2.
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo. b. COUNTY St. Genevieve 1950
 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington R. 7.10. No. 2
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) Mr. Ineston b. (Middle) Oliver c. (Last) Byington
 (Type or Print) 4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH March 28-1983 9. AGE (In years last birthday) 67-8-9
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) St. Genevieve County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. John Byington 13b. MOTHER'S MAIDEN NAME Margaret Shely 14. NAME OF HUSBAND OR WIFE Gene Lewis Byington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Madame Byington - Farmington Route No. 2 (Wife) ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum
 ANTECEDENT CAUSES (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.)
 INTERVAL BETWEEN ONSET AND DEATH 154X

19a. DATE OF OPERATION 8-15-50 19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Rectum 20. AUTOPSY? YES NO
 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1950, to 11-28, 1950, that I last saw the deceased alive on 11-28, 1950, and that death occurred at 9:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Al Knotts, MD 23b. ADDRESS Farmington, Mo 23c. DATE SIGNED 12-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE Dec. 10-1950 24c. NAME OF CEMETERY OR CREMATORY Auburn cemetery 24d. LOCATION (City, town, or county) (State) East Bonne Terre (new) Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Cheresa M. Karl - Dep 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alvin W. Hood - 303 Crane St. Fleck Bldg, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

950
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 13 1950

RECEIVED

DEC 27 1950

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.....
Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cross St. Flat Quincy, MA

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.