S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 8- 1951

State File No. 27985

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 277

1. PLACE OF DEATH
a. COUNTY St. Francois 094
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Perry Twp.
d. STREET ADDRESS (If rural, give location) R. 1 Bonne Terre

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) c. (Last) Byington

4. DATE OF DEATH (Month) (Day) (Year) Aug. 28 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 29. 1898

9. AGE (If over 1 year last birthday) 52 IF UNDER 1 YEAR Months 8 Days 29 IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Herculaneaum Mo

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Austin Blanton

13b. MOTHER'S MAIDEN NAME Mary Greenwood

14. NAME OF HUSBAND OR WIFE William R Byington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William R. Byington R-1 Bonne Terre 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH, Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular-renal disease — 4-5 yrs
DUE TO (c) Bronchial asthma — 5-10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Appendicitis — 2 days

19a. DATE OF OPERATION Aug 27-28, 1951

19b. MAJOR FINDINGS OF OPERATION Acute, early gangrenous, appendicitis.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* Aug. 27, 1951, *to* Aug 28, 1951, *that I last saw the deceased alive on* Aug 28, 1951, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Marvin T. Haw, M.D. **23b. ADDRESS** Bonne Terre, Mo **23c. DATE SIGNED** 8/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Aug 30. 1951 **24c. NAME OF CEMETERY OR CREMATORY** Marvin Chapel **24d. LOCATION** (City, town, or county) (State) R-1 Bonne Terre Mo

DATE REC'D BY LOCAL REG. Aug. 30, 1951 **REGISTRAR'S SIGNATURE** Esther Ruddell **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Bernard Thiele Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 5- 1951
DISTRICT HEALTH OFFICE NO. 4
File No. ---

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 Clarence J. Claywell

Licensed Embalmer No. 3206

P. O. Address Donna, Texas

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.