MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 0045913

DO NOT WRITE ON THIS STUB | AMENDED | NV FILED 27 64 | Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10933

VS 300
Rev. 4/59

Item	Date Amended
1	
2	21
3	2
4	1
5	1
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12	90.0
13	

90

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St.Louis — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1827 So. Compton Ave. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1827 So. Compton Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Bessie — Middle: M. — Last: Byington

4. DATE OF DEATH: Month: November — Day: 19, — Year: 1964

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/26/1905
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Crawford Co.,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James Simpson
13b. MOTHER'S MAIDEN NAME: Florence Whitaker
14. NAME OF HUSBAND OR WIFE: Orville S.Byington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT — Address: Orville S.Byington,1827 So.Compton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of ovaries — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malnutrition [illegible] — yrs.
DUE TO (c):
1750

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Sept 13-64, to Nov 19/64 and last saw her alive on Nov 19-64
Death occurred at 3:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. S. Pyne M.D.
22b. ADDRESS: 2752a Cherokee
22c. DATE SIGNED: 11/21/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-22-64
23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery
23d. LOCATION (City, town, or county) (State): Desloge,Mo.

24. FUNERAL DIRECTOR — ADDRESS: Boyer Funeral Home, Desloge,Mo.
25. DATE RECD. BY LOCAL REG.: NOV 20 1964
26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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______________________________ Signed Harvey Kuhle
Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

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.