MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-2982 997 SL 12680

63-041276 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1077

FILED NOV 15 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	03606	8	2
3			
4	0		
5	2		
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7	0		
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10			
11			
12	83-0		
13			

83

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
   Length of stay in 1b: 16 days
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET. ADM. HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Franklin
   c. CITY OR TOWN: St. Clair — Inside Limits: Yes ☐ No ☒
   d. STREET ADDRESS (If outside, give location): Route #1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ROY Middle: F. Last: BYINGTON

4. DATE OF DEATH: Month: October Day: 29 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/2/97

9. AGE (last birthday): 66

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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lead Mines

11. BIRTHPLACE (City and state or country): Bonne Terre, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel R. Byington

13b. MOTHER'S MAIDEN NAME: Minnie Casbridge

14. NAME OF HUSBAND OR WIFE: Myrtle (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: 491-16-0895

17. INFORMANT: Iva Guinn (Sister), Address: 3866 Fairview, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PERICARDIAL EFFUSION — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GRAM NEGATIVE BACTEREMIA PNEUMONIA — Unknown
DUE TO (c): 493X

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 ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 10/12/63 to 10/29/63 and last saw him alive on 10/29/63
Death occurred at 4:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John F. Funkhouser (Degree or title) M. D.

22b. ADDRESS: VAH, St. Louis, Mo.

22c. DATE SIGNED: 10/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/30/63

23c. NAME OF CEMETERY OR CREMATORY: Marvin Chapel

23d. LOCATION (City, town, or county) (State): Bonne Terre, Missouri

24. FUNERAL DIRECTOR ADDRESS: Boyer Funeral Home, Bonne Terre, Mo.

25. DATE RECD. BY LOCAL REG.: OCT 30 1963

26. REGISTRAR'S SIGNATURE: Foard 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 Elton R. O. Remelius
Signature of Student Embalmer

Licensed Embalmer No. 4283

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.