

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-003336
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. Registrar's No. 4

FILED JAN 15 1962

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

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) Perry Township		Length of stay in 1b 53 Yrs.	c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R R # 1-Bonne Terre			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R R # 1-Bonne Terre	
3. NAME OF DECEASED (Type or print) First Stella Middle Sophia Last Byington			4. DATE OF DEATH Month Jan. Day 1 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-18-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and state or country) Ste. Genevieve Co., Mo. U.S.	
13a. FATHER'S NAME William Patterson		13b. MOTHER'S MAIDEN NAME Sophia Carpenter		14. NAME OF HUSBAND OR PARTNER Eli Byington-Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Jewell Byington, RFD #1, Bonne Terre	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia			Mo.		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) C.V.A.					3 days
DUE TO (c) Aspiration					1 month
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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. 1, 1961 to Jan. 1, 1962 and last saw him alive on Sept. 1961 Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Lucretia J. Beck			22b. ADDRESS Honoring to no		22c. DATE SIGNED 1/5/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-1962	23c. NAME OF CEMETERY OR CREMATORY Three Rivers		23d. LOCATION (City, town, or county) (State) RR#1 Bonne Terre Mo.	
24. FUNERAL DIRECTOR CZ Boyer & Son		315 ADDRESS Benham		25. DATE RECD. BY LOCAL REG. Jan 5, 1962	26. REGISTRAR'S SIGNATURE Esther Rudloff

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 _____
Signature of Student Embalmer

Signed Burlin T. Boyed, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.