URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 8 1960

-60-047210

STATE FILE NUMBER

ENDED

Registration District No. 316 Primary Registration District No. 305-9 Registrar's No. 500

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Eli Middle: - - Last: Byington

4. DATE OF DEATH: Month Day Year: Dec 20, 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-3-1881

9. AGE (last birthday): 80

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): Ste Geneieve County Mo. US

12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: William Byington

13b. MOTHER'S MAIDEN NAME: Margaret Morrow

14. NAME OF ~~HUSBAND~~ OR WIFE: Stella Patterson

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.: None

17. INFORMANT: Mrs Stella Byington, Address RFD# 1 Bonne Terre, 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): Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 3 Yrs

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

MEDICAL CERTIFICATION

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 Oct 15-1960 to Dec 21 1960 and last saw her/him alive on Dec 21, 1960
Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C H Applebury MD

22b. ADDRESS: Rivermines MO

22c. DATE SIGNED: 12-23-60

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

23b. DATE: Dec 23, 1960

23c. NAME OF CEMETERY OR CREMATORY: Three Rivers

23d. LOCATION (City, town, or county) (State): St Francois County, Mo

24. FUNERAL DIRECTOR ADDRESS: C. Z. Boyer & Son, Inc. Bonne Terre, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 23, 1960

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Burkin T. Boyer, Jr.
Signature of Student Embalmer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.