

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023042

STATE FILE NUMBER

FILED JUL 3 1958

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 234

S. 300
1-57
4

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington, Mo. Rural		c. CITY OR TOWN Farmington, Mo.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas DeL. N. Home		Length of stay in lb 1940 STREET ADDRESS (If outside, give location) 341 Boyce St.	
3. NAME OF DECEASED (Type or print) First George Middle Elmer Last Byington		4. DATE OF DEATH Month June Day 21 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, given in detail) Employee State Hosp. #11		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East Bonne Terre, Mo. 0
13a. FATHER'S NAME Henry L. Byington		13b. MOTHER'S MAIDEN NAME Artie Harris	14. NAME OF HUSBAND OR WIFE Elizabeth Byington
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-34-0371	17. INFORMANT Address Mrs. Geo. E. Byington Farmington, 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) Inanition & debilitation DUE TO (b) Carcinoma toxics DUE TO (c) Primary Carcinoma of the ileum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stomach & biopsy in April, 58			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 months
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 April '58 to June 21, 1958 and last saw him alive on June 21, 58 Death occurred at 5:00 P. June 21, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul C. Edger, M.D.		22b. ADDRESS 2 609 7th Farmington Mo	
22c. DATE SIGNED 6-24-58			
23a. BURIAL, CREMATION, REVENAL (Specify) Burial		23b. DATE June 24, 1958	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Farmington, Mo.	
24. FUNERAL DIRECTOR C.H. Cozean Farmington, Mo.		25. DATE RECD. BY LOCAL REG. June 24, 1958	
26. REGISTRAR'S SIGNATURE Eather Rudloff			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

[JUL 23 1958]

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

Licensed Embalmer No.....

P. O. Address.....

**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.**