WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36344

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. ~~3022~~ 5601 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Warrensburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 13, North of Warrensburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa 0540 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Ray
c. (Last): Bybee

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: Jan. 11, 1928

9. AGE (In years last birthday): 25 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembly Line

10b. KIND OF BUSINESS OR INDUSTRY: Fisher Body Plant.

11. BIRTHPLACE (City and State or Foreign Country): Odessa, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: B. Nelson Bybee

13b. MOTHER'S MAIDEN NAME: Amanda Foster

14. NAME OF HUSBAND OR WIFE: None

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

16. SOCIAL SECURITY NO.: 494-30-0855

17. INFORMANT'S SIGNATURE OR NAME: J.O. Bybee
ADDRESS: Odessa, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of Head & Neck and Multiple Fractures

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Automobile Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 13

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Warrensburg Twp, Johnson, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 30, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Dead when found, 19__, *and that death occurred at* 10:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kelly Rawlins M.D. — Coroner (Degree or title)

23b. ADDRESS: Holden, Missouri

23c. DATE SIGNED: 10/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Odessa

24d. LOCATION (City, town, or county) (State): Odessa, Lafayett, Mo

DATE REC'D BY LOCAL REG.: Nov. 1, 1953

REGISTRAR'S SIGNATURE: Savannah Critchfield 147

25. FUNERAL DIRECTOR'S SIGNATURE: Sweeney Phillips
ADDRESS: Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1953

NOV 17 1953

RECEIVED
NOV 9 1953
JOHNSON COUNTY HEALTH DEPT.

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 John P. Rodgers, Student Embalmer No. 490 working under my personal supervision.

Student John P. Rodgers
Student Embalmer

Signed J. Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.