

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008422

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 1683

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia 01050		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801A Walnut			Length of stay in 1b -		d. STREET ADDRESS (If outside, give location) 801A Walnut ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Aubrey Robert Rybolt				4. DATE OF DEATH Month Day Year April 9 1959				
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 9 1912		9. AGE (In years less birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Boy			10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Hartsburg Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME -			13b. MOTHER'S MAIDEN NAME Ida Mae Rybolt			14. NAME OF HUSBAND OR WIFE		
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. 498-36-5346		17. INFORMANT Address Lura Sapp Hartsburg 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) Gun shot wound, head. (12 Gauge shot gun) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) SELF INFLICTED DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9/16x							19. INTERVAL BETWEEN ONSET AND DEATH Sudden	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased shot SELF IN head with						
20c. TIME OF INJURY Hour a.m. Month, Day, Year 2:40 - Apr. 9, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME					20e. CITY, TOWN, OR LOCATION Columbia Boone Missouri	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from CORONERS CASE and last saw her alive on approx 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Vincent P Perma MD				22b. ADDRESS Univ. of Mo. Med Center			22c. DATE SIGNED 9 April 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 10 1959	23c. NAME OF CEMETERY OR CREMATORY Bonds Chapel			23d. LOCATION (City, town, or county) (State) Hartsburg Mo		
24. FUNERAL DIRECTOR W.C. Burnett Ashland Mo			25. DATE RECD. BY LOCAL REG. Apr. 9, 1959		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W^m L. Burnett*

Licensed Embalmer No. *3567*

P. O. Address *Cashland 7160*

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.