

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041234

STATE FILE NUMBER

FILED VS. DEC 14 1959 274

Registration District No. _____ Primary Registration District No. 305V Registrar's No. 391

ENDED

| | | | | | | | |
|---|--|--|--|--|---|--|---|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Pettis</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithton Township</u> | | a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u> | | c. CITY OR TOWN <u>Smithton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithton Township</u> | | Length of stay in lb <u>11 yrs</u> | | c. CITY OR TOWN <u>Smithton</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. - So. Smithton</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>R. F. D #1 5 mi. - South</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First <u>CLARENCE</u> | | Middle <u>E.</u> | | Last <u>Bybee Sr.</u> | | Month <u>Dec</u> Day <u>6</u> Year <u>1959</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-1-1886</u> | 9. AGE (last birthday) <u>73</u> | 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) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Benton Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>George W. Bybee</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Deliah White</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pearl De Cou Bybee</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yr or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT <u>Elmer Bybee</u> | | Address <u>R. F. D #1 Smithton</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | | | | | | | |
| IMMEDIATE CAUSE (a) <u>Carcinoma, Head & Pancreas</u> | | | | | | | |
| DUE TO (b) <u>& Metastasis to liver</u> | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| 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 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | | |
| 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 <u>25 Nov-1959</u> to <u>6 Dec 1959</u> and last saw ^{her} him alive on <u>6 Dec 1959</u> | | | | | | | |
| Death occurred at <u>9:30 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>P. V. Seeger MD</u> (Degree or title) | | | | 22b. ADDRESS <u>Smithton MO.</u> | | 22c. DATE SIGNED <u>12/8/59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-9-1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Camp Ground</u> | | 23d. LOCATION (City, town, or county) <u>Edwards, Mo</u> (State) | |
| 24. FUNERAL DIRECTOR <u>McLaughlin Bros</u> ADDRESS <u>Sadalia</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-10-1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

520, 410, 83

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 K.P. Milroy

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.