

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019359

STATE FILE NUMBER

Registration District No. 09 Primary Registration District No. 4092 Registrar's No. 69

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED MAY 20 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>Cass</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u> Length of stay in 1b <u>5 day</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cass County Memorial Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>609 W WOOD ST</u>
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u>	b. COUNTY <u>Cass</u>
c. CITY OR TOWN <u>Harrisonville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <u>ELMIRA</u>	Middle <u>BYBEE</u> Last <u>BYBEE</u>
4. DATE OF DEATH <u>May 13 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 29, 1887</u>
9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co. Mo.</u>
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Fielding E. Bybee</u>	13b. MOTHER'S MAIDEN NAME <u>Eleanor Dian Duval</u>
14. NAME OF HUSBAND OR WIFE <u>Eulah B. Kibb Harrisonville Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Eulah B. Kibb Harrisonville Mo</u> Address <u>[Redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Pneumonia, lobar, bacterial.</u>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinson's disease</u>	
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 <u>[Redacted]</u> Month, Day, Year <u>[Redacted]</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Harrisonville, MO</u> COUNTY <u>Cass</u> STATE <u>MO</u>	
21. I attended the deceased from <u>1948</u> to <u>5-13-63</u> and last saw her alive on <u>5-13-63</u> Death occurred at <u>HP</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Harrisonville, MO</u>
22c. DATE SIGNED <u>5-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 15, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Freeman</u> (State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>Kunnenburger's Harrisonville Mo.</u> ADDRESS <u>5-15-63</u>	25. DATE RECD. BY LOCAL REG. <u>5-15-63</u>
26. REGISTRAR'S SIGNATURE <u>Ray J. Sebrer</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Frank P. Runnenbeger 3<sup>rd</sup>

Licensed Embalmer No. 5073

P. O. Address Harrisonville, Mo.

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.