MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28476
Do not use this space.

REC'D SEP 15 1939

1. PLACE OF DEATH
(a) County Audrain — Registration District No. 26
(b) Township Saltriver — Primary Registration District No. 3002 — Registered No. 117
(c) City Mexico Mo — (d) Street No. Audrain Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Louis Bybee
(a) Residence, No. R.F.D. Mexico St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1, 1871
7. AGE: Years 68 — Months 5 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Audrain County, Mo. 0

FATHER
13. NAME: John S. Bybee 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Santa Fe. Mo. 0

MOTHER
15. MAIDEN NAME: Anna Eliza Hepler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Audrain County, Mo.

17. INFORMANT (ADDRESS): Arthur Bybee Mexico, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Mexico, Mo. PLACE Elmwood Cemetery, DATE Aug. 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.A. Precht & Son Mexico, Mo.
20. FILED Aug 2, 1939 Blanche Neely 23
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Coronary Case
Death due to fall from Hay loft.

Date of onset

Other contributory causes of importance: 156

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accident Date of injury 8-7-, 1939
Where did injury occur? Audrain County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Farm place HOME
Manner of injury: Fall
Nature of injury: Head injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B M Marlow, M.D.
(Address) Coroner

(Licensed Embalmer's Statement on Reverse Side) Audrain Co.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 10
District File Number 9-39-15-85
Date Filed SEP 8 1939

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, Earl E. Precht, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Earl E. Precht.

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 this body is not embalmed, above space should be left blank.