. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11730

FILED APR 10 1942

Registration District No. 1225

Primary Registration District No. 5960C

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Vandalia, Mo. RR#

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls 87

(c) City or town Vandalia, Mo. RR# 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH M. LYBARGAR

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife IDA CATHERINE LYBARGAR

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. (Month) 12 (Day) 1856 (Year)

8. AGE: Years 85 Months 4 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name

13. Birthplace 9 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Gayl McAshirt

(b) Address Vandalia, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA

18. (a) Signature of funeral director Glen A. Smith

(b) Address Vandalia, Mo.

19. (a) 3/29-1942 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1942 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Nov. 10 1941 to Mar. 28 1942, that I last saw him alive on Mar. 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	2 wk.
Due to Chronic Endocarditis	2 yr
Due to Interstitial nephritis	5 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1316	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. R. L. Marshall (M. D. or other) MD

Address Vandalia Date signed Mar 29

1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-42-685
Date Filed APR - 7 1942

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John A. Ogonoski

Licensed Embalmer No. 3398

P. O. Address St. Louis, 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, fact should be so stated above.