

ED AUG 5 1943  
Registration District No. 277

Primary Registration District No. 59735952

29

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

8200

1. PLACE OF DEATH:

(a) County PIKE  
(b) City or town RURAL Spencer  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME MELVIN LYBARGER  
3. (b) If veteran name war  
3. (c) Social Security No.

4. Sex MALE Race WHITE  
5. Color or Race WHITE  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife LIDA MAE LYBARGER  
6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased APRIL 8 1920 (Month) (Day) (Year)

8. AGE: Years 23 Months 2 Days 17 hr. min.

9. Birthplace FALLS COUNTY, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER { 12. Name ERVEN LYBARGER  
13. Birthplace ASTORIA ILLINOIS (City, town, or county) (State or foreign country)  
14. Maiden name NORA B. WELCH  
15. Birthplace MC DONALD CO. ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant MRS HARRY EVANS  
(b) Address GURRYVILLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETARY

18. (a) Signature of funeral director Glen Smith  
(b) Address Vandalia Mo

19. (a) June 25 43 (Date received local registrar) (b) Mrs Frank Gado (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE  
(c) City or town RURAL Spencer (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 1943 hour 1 minute 13 P.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to 183-36

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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) Accident 082  
(b) Date of occurrence 6/23/1943

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

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

While at work (Specify type of work) Drowning

23. Signature (M. D. or other) Date signed 6/25/43

**RECEIVED**

District Health Officer No. 10

District File Number 8-43-1225

Date Filed AUG 4 1943

**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 Chuter R Roof

Licensed Embalmer No. 3049

P. O. Address Bowling Green

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.