S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29786

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. W8

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Staton's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town "Rural" (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

3. (a) PRINT FULL NAME William Lybarger

3. (b) If veteran, name war

3. (c) Social Security No. 496-24-3620

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Minnie G. Lybarger

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Apr. (Month) 6 (Day) 1883 (Year)

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation River Construction

11. Industry or business

FATHER
12. Name Augustus Lybarger
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte McClanahan
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Lybarger
(b) Address Miami Station, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Park

18. (a) Signature of funeral director Standley Gibson
(b) Address Carrollton Mo

19. (a) 9/10/46 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1946 hour 7 minute 22 A M.

21. I hereby certify that I attended the deceased from Aug. 24, 1946 to Sept. 4, 1946 that I last saw him alive on Sept 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency (exhausted heart muscle)	10 da.
Due to: Bronchial Pneumonia	8 da.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 B

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 R. Ham. Staton (M. D. or other) M.D.

Address Carrollton, Mo Date signed Sept 5 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-21-46

SEP 27 1946

MAR 20 1947

JUL 25 1958

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.