1/47
17-39

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

National Office of Vital Statistics

FILED FEB 16 1948

Registration District No. 343

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6238

State File No. 3779

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Washington

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

(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 2 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

(c) City or town Belgrade Rural
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Adams Hugh LyBarger

3. (b) If veteran name war No

3. (c) Social Security No. .....

4. Sex Mal

5. Color or race White

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

6. (b) Name of husband or wife Myrtle LyBarger

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb (Month) 23 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	23	..... hr. ..... min.

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

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name William LyBarger
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kinsley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Wife Myrtle LyBarger

(b) Address Belgrade Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 18 (Day) 48 (Year)

(c) Place: burial or cremation New Masonic Cemetery

18. (a) Signature of funeral director Boyer Funeral Picture

(b) Address Potosi Mo

19. (a) 2-9-48 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Feb~~ Jan day ~~June~~ 16 year 1948 hour 2 minute ~~A~~ M.

21. I hereby certify that I attended the deceased from 12 - 20 ....., 1947, to June 16 1948 that I last saw him alive on ~~12~~ June 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Appoplexy	
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 83 A

PHYSICIAN

Underline the cause of 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 Jas W. Huffman (M. D. ~~or other~~) MD

Address Jas Bismarck Date signed 1-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248-151

Date Filed 2-11-48

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 Howard C. Higginbotham Registered Apprentice No. 53, working under my personal supervision.

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.