

No. 2  
-2-43  
5-17-39  
K35997

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4157

State File No. \_\_\_\_\_  
Registrar's No. 46

FILED FEB 17 1948

Registration District No. 47

Primary Registration District No. 5171

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

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Hams Prairie  
(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 Life years, months or days

3. (a) PRINT FULL NAME John W. Bybee  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Addie Gilmore Bybee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 6 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>24</u>	hr. _____ min.

9. Birthplace Callaway County Missouri  
(City, town, or county). (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name William Bybee  
13. Birthplace DK Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Bybee  
15. Birthplace BK Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Bybee  
(b) Address Hams Prairie

17. (a) Burial (b) Date thereof Feb. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation White Cloud Cemetery

18. (a) Signature of funeral director Glen G. Manpi  
(b) Address 712 Court St., Fulton, Mo.

19. (a) Feb 6 48 (b) Joan Mornin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway 14  
(c) City or town Hams Prairie 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 30  
year 1948 hour 11 minute 45 P.M.  
21. I hereby certify that I attended the deceased from April 10, 1947 to Jan 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Paralytic Cord Duration \_\_\_\_\_  
Due to Hardenin' of spinal cord  
Due to \_\_\_\_\_  
Other conditions: Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ 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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury /  
23. Signature W. Payne (M. D.)  
Address Rt 6 Fulton Date signed 2-31-48

RECEIVED  
District Health Officer No. 9  
District No. 10000  
Date Filed 2/3/48

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.....

*Theodore Stinner, Jr.*, Registered Apprentice No. *55*

working under my personal supervision.

Signed *Glen Y. Mangin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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.