

FILED SEP 9 1948

Registration District No. 193

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27363

Registrar's No. 38

Primary Registration District No. 444

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clifton Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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 Vera Frances Bybee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: May 18 1915
(Month) (Day) (Year)8. AGE: Years 33 Months 3 Days 8 If less than one day _____ hr. _____ min.9. Birthplace Sturgeon Missouri
(City, town, or county) (State or foreign country)10. Usual occupation school teacher

11. Industry or business _____

12. Name William Colby Bybee13. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)14. Maiden name Sarah Richerson15. Birthplace Rowena Missouri
(City, town, or county) (State or foreign country)16. (a) Informant W.C. Bybee(b) Address Clifton Hill, Missouri17. (a) burial (b) Date thereof 8/29/1948
(Burial, cremation, or removal) (Year)(c) Place: burial or cremation Oakland Cemetery, Moberly, Missouri18. (a) Signature of funeral director Tom B. Patton(b) Address Huntersville, Mo.19. (a) Sept. 4-1948 (b) Mod. D.A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Clifton Hill
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1948 hour 10:10 A.M. minute _____ M.21. I hereby certify that I attended the deceased from JAN.
1948 to August 26, 1948;
that I last saw her alive on Aug. 26, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis -
Myocardial Degeneration 7 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy 13

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. Moll Rain (M. D. or other) L. DeoAddress Clifton Hill, Mo. Date signed 8-28-48

NOV 30 1948

APR 9 1959

RECEIVED
District Health Officer No
District File Number 948
Date Filed SEP 7 - 1948

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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntersville, N.C.

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.