. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED OCT 13 1948

Registration District No. 136 — Primary Registration District No. 2001 — Registrar's No. .....

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin. (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 years, months or days) In this community: several years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jasper.
(c) City or town: Joplin. (If outside city or town limits, write "RURAL")
(d) Street No.: 202 Maiden Lane. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Preston Hybarger
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 15. (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
87	2	13	..... hr. ..... min.

9. Birthplace: Mahuska, Co. Iowa. (City, town, or county) (State or foreign country)
10. Usual occupation: retired Farmer.
11. Industry or business: /
12. Name (Father): David Harrison Hybarger /
13. Birthplace (Father): Tenn. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Luberba Hinton.
15. Birthplace (Mother): Iowa. (City, town, or county) (State or foreign country)
16. (a) Informant: W. H. Hybarger
(b) Address: R. R. #2 Baxter Kans.
17. (a) removal. (Burial, cremation, or removal) (b) Date thereof: 9-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: to Picher, Okla. Baxter Springs, Kansas.
18. (a) Signature of funeral director: R. L. Gordon
(b) Address: 200 S. Francis St. Picher, Okla.
19. (a) 10-6-48 (Date received local registrar) (b) Colo James Miles Dampier 138-1 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 28 year: 1948 hour: 2:20 P. M. minute ..... M.

21. I hereby certify that I attended the deceased from Sept. 26, 1948, to Sept. 28, 1948, that I last saw alive on Sept. 28, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 .....
(f) Signature: W. S. Loveland (M. D. or other)
Address: Joplin Mo Date signed: 10/5/48

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

48-10-846

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 R. L. Goodson

Licensed Embalmer No. 1089

P. O. Address Tucker, Okla.

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.