

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

498

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. (in hosp.)) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Noland Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. South, Peculiar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Lovell</u> c. (Last) <u>Bybee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1880</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Painter</u>	11. BIRTHPLACE (State or foreign country) <u>Keytesville, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>General Work</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James R. Bybee</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Furrow</u>	14. NAME OF HUSBAND OR WIFE <u>Fay Bybee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvin E. Bybee, Larned, Kansas</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 9/15</u>	
ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>JAN. 21</u> , 19 <u>50</u> , to <u>Feb 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>50</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature] MD</u>		23b. ADDRESS <u>Harrisonville, MO</u>	23c. DATE SIGNED <u>Feb. 2, 1950</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingman</u>	24d. LOCATION (City, town, or county) (State) <u>Kingman, Kansas</u>
DATE REC'D BY LOCAL REG. <u>Feb. 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Belton, Mo.</u>

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

0190

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1950

MAR 23 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.