

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29731

FILED OCT 9 1950

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

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>61</u> | | PRIMARY REG. DIST. NO. <u>4107</u> | | Registrar's No. <u>49</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u> c. LENGTH OF STAY (in this place) <u>66 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 So. Park St</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u> d. STREET ADDRESS (If rural, give location) <u>316 So. Park St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Samuel</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Bybee</u> | |
| 4. DATE OF DEATH <u>Sept. 18, 1950</u> | | (Month) | | (Day) | | (Year) | |
| 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>May 21, 1870</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> | | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> | | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Bybee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Stiners</u> | | 14. NAME OF HUSBAND OR WIFE <u>Etta Bybee</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Etta Bybee, Eldorado Springs, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of right eye</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>192X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>6-10, 1950</u> , to <u>9-18, 1950</u> , that I last saw the deceased alive on <u>9-17, 1950</u> , and that death occurred at <u>1:15 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Ch. Sunderwirth</u> (Degree or title) _____ | | 23b. ADDRESS <u>Do 2 El Dorado Springs</u> | | 23c. DATE SIGNED <u>9-19-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 20, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept. 22, 1950</u> | | REGISTRAR'S SIGNATURE <u>Rev. L. E. Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Caroline Eldorado</u> | | | |

418-0

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 30 1950

Cert File 950-2016

Date filed 9-30-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address *El Dorado Springs*

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.