

STANDARD CERTIFICATE OF DEATH

State File No. 40098

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>	
c. LENGTH OF STAY (in this place) <u>61 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>507 South Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 South Grand</u>			

3. NAME OF DECEASED (Type or Print) <u>Ettie</u>		a. (First) <u>Ettie</u> b. (Middle) <u>Bybee</u> c. (Last) <u>Bybee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 12, 1869</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		9. AGE (In years last birthday) <u>80</u>	
11. BIRTHPLACE (State or foreign country) <u>Lincoln, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Clayton Bybee, deceased</u>	
13a. FATHER'S NAME <u>Samuel Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clayton Bybee, deceased</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clayton A. Bybee, El Dorado, Kans.</u>	ADDRESS <u>El Dorado, Kans.</u>
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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>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>General edema</u>		<u>1 yr</u>
DUE TO (c) <u>Chronic interstitial hepatitis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		5810

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)
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 Nov 3, 1950, to Dec 4, 1950, that I last saw the deceased alive on Dec 4, 1950, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. E. Smith</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>El Dorado Spgs, Mo.</u>	23c. DATE SIGNED <u>12-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs Cemetery, El Dorado, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Rev. L. E. Kuntz</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Rev. L. E. Kuntz</u>	ADDRESS <u>El Dorado Spgs, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED DEC 12 1950

D. L. File 12-56-2009

Date Filed 12-20-50

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.....

Floyd E. Carsthus

Licensed Embalmer No. 4419

P. O. Address.....

El Dorado Springs

Signed.....
Student Embalmer

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.