No. 300
10-48

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

264
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1953

State File No. 740

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (In this place): 4 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.E. STILL OSTEO. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO 0045
d. STREET ADDRESS (If rural, give location): 602 SOUTH WESTERN

3. NAME OF DECEASED (Type or Print)
a. (First): AUBREY
b. (Middle): RAYMOND
c. (Last): BYBEE

4. DATE OF DEATH (Month) (Day) (Year): FEB 5 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 30-1900

9. AGE (In years last birthday): 53
If under 1 year: Months: 0 Days: 7
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING

11. BIRTHPLACE (City and State or Foreign Country): AUDRAIN COUNTY MO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM. A. BYBEE

13b. MOTHER'S MAIDEN NAME: CORA BELL WASHAM

14. NAME OF HUSBAND OR WIFE: FLORENCE BYBEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): 1ST WORLD WAR

16. SOCIAL SECURITY NO.: 487-10-7566

17. INFORMANT'S SIGNATURE OR NAME: FLORENCE BYBEE
ADDRESS: MEXICO MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Duodenal fistula

DUE TO (c): Duodenal ulcer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 5410

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 1/19/53

19b. MAJOR FINDINGS OF OPERATION: acute duodenal ulcer

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN 16, 1953, *to* FEB 5, 1953, *that I last saw the deceased alive on* 2/5/53, 19____, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. A. Michael
23b. (Degree or title): D.O.
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 2/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-53
24c. NAME OF CEMETERY OR CREMATORY: Mexico Cemetery
24d. LOCATION (City, town, or county) (State): Mexico, Mo.

DATE REC'D BY LOCAL REG.: Feb 5-1953
REGISTRAR'S SIGNATURE: R.P. Dorris MD
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buesche
ADDRESS: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1953

AUG 25 1953

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.