

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008310
STATE FILE NUMBER

~~FILED~~ MAR 25 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico CC 43 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MORRIS ST. and INSTITUTION Wabash Railroad		Length of stay in lb —	d. STREET ADDRESS (If outside, give location) 1036 Michigan
3. NAME OF DECEASED (Type or print) First Jewell Middle A Last Bybee			4. DATE OF DEATH Month March Day 9 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Audrain Co., Mo.
13a. FATHER'S NAME Claude C. Bybee		13b. MOTHER'S MAIDEN NAME Sallie Barnes	14. NAME OF HUSBAND OR WIFE Frances Botts Bybee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 492-16-2332	17. INFORMANT Address Mrs. Frances Bybee Mexico, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Evulsion of left hemisphere of brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Collision of train locomotive DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH immediate
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Train collided with automobile	
20c. TIME OF INJURY 10:20 Hour 3/9/59 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad crossing	20f. CITY, TOWN, OR LOCATION COUNTY STATE Mexico Audrain Missouri
21. I attended the deceased from never to _____ and last saw her alive on _____ Death occurred at 10:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William W. Jacquard Coroner		22b. ADDRESS 1120 Clark Mexico Mo	22c. DATE SIGNED 3/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-11-1959	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. March 10 1959	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1951 02 10

MSB 6 - 1177

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
Signature of Student Embalmer

Signed *Ray Miller*

Licensed Embalmer No. *5492*
P. O. Address *Meigs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.