

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035074

FILED VS. OCT 10 1959 10

Primary Registration District No. 3002 Registrar's No. 200

STATE FILE NUMBER

IDEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico, Missouri.		a. STATE Mo		b. COUNTY Monroe.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. Hospital.		Length of stay in lb 6 Mts.		c. CITY OR TOWN Santa Fe, Missouri.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First Middle Last WALLACE L. BYBEE.			Month Day Year Oct 8, 1959.				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-25-78	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm.		11. BIRTHPLACE (City and state or country) Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Bybee.		13b. MOTHER'S MAIDEN NAME Mary Jane Powell.		14. NAME OF HUSBAND OR WIFE Jane Gertrude 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. ?		17. INFORMANT Address Mrs Eugene Sharp, Santa Fe, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease						10 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Generalized arteriosclerosis	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1956 to 10-8-59 and last saw her/him alive on 10-8-59		Death occurred at 2:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Edward Davis M.D.			22b. ADDRESS Mexico, Missouri.			22c. DATE SIGNED 10-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-10-59		23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery.		23d. LOCATION (City, town, or county) (State) Paris, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clyde C. Wilson Perry, Mo.		25. DATE RECD. BY LOCAL REG. Oct 10-1959		26. REGISTRAR'S SIGNATURE Branche Neely			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clyde C. Murray

Licensed Embalmer No. 3820

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