

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUL 19 1960

152 = 60-027294

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. ~~383~~ STATE FILE NUMBER

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lake Lotowana		a. STATE Mo		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Lotowana 3-15		Length of stay in 1b 5 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 6703 E 12 St.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First HERBERT		Middle EULAN		Last BYBEE		Month 7/15/60	
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 7/18/28	
9. AGE (last birthday) 31		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) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY City of Kansas City		11. BIRTHPLACE (City and state or country) Warsaw, Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Harvey Bybee		13b. MOTHER'S MAIDEN NAME Vesta Sapp		14. NAME OF HUSBAND OR WIFE Rose Mae Brandt Bybee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 495-40-6489		17. INFORMANT Mrs. Rose Bybee, 6703 E 12 Stt			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Death by Drowning</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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"/>		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.) <i>Practicing Skindiving</i>			
20c. TIME OF INJURY Hour Month, Day, Year 7-15-60		20d. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., etc.) <i>Lake Lotowana</i>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Jackson Mo</i>		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dr. H. D. Omer</i>				22b. ADDRESS <i>152 Union Station</i>		22c. DATE SIGNED <i>7-16-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>7/16/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Cross Timbers</i>		23d. LOCATION (City, town, or county) (State) <i>Cross Timbers, Mo.</i>	
24. FUNERAL DIRECTOR <i>Sheil Funeral Home, Kansas City, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>7-16-60</i>		26. REGISTRAR'S SIGNATURE <i>N.B. Langford</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4827

P. O. Address 15. E. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.