

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-041999

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 139

STATE FILE NUMBER

FILED DEC 4 1961

1. PLACE OF DEATH

a. COUNTY Pulaskib. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WaynesvilleLength of stay in 1b
1 hourc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sherriffs OfficeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Boledec. CITY
OR TOWN LebanonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
-----Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
BlufordMiddle
PaulLast
Bybee4. DATE
OF DEATHMonth
NovDay
17Year
1961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

Mar 12, 1908

9. AGE (last birthday)

55

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)

Taxi Driver

10b. KIND OF BUSINESS OR INDUSTRY

Commercial

11. BIRTHPLACE (City and state or country)

Moneteau County Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Luther Bybee

13b. MOTHER'S MAIDEN NAME

Rebecca Ann Reed

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

495 05 8713

17. INFORMANT

R Anne Bybee California Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown waiting autopsyConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Reports

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART 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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
5Hour
11
p.m.Month, Day, Year
11 17 6120d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒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 _____, to _____, and last saw her alive on _____.

Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Waynesville Missouri

22c. DATE SIGNED

11/18/6123a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal 11/18/1961 Sappington Cemetery California Missouri24. FUNERAL DIRECTOR
ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Moss-Williams Funeral Home Crocker Mo 11-18-61Paula J. Anderson

(Licensed Embalmer's Statement on Reverse Side)

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

Clarice Shio sr

Licensed Embalmer No.

4896

P. O. Address

Waynsville, 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.