

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047472

Registration District No. 322 Primary Registration District No. 3021 Registrar's No. 33

STATE FILE NUMBER

AMENDED

FILED DEC 26 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Saline		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Slater		a. STATE Mo		b. COUNTY Saline	
Length of stay in 1b 80 Yrs.		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 1/2 W. Maple				d. STREET ADDRESS 108 1/2 W. Maple		(If outside, give location)	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First HAYDEN		Middle LEO		Last BYBEE		Dec. 22 1961	
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 7/2/1881	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) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Slater, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Allen R. Bybee			13b. MOTHER'S MAIDEN NAME Mary Tooley		14. NAME OF HUSBAND OR WIFE Amelia 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. None		17. INFORMANT Address Mrs. H. L. Bybee Slater, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Ventricular fibrillation							20 min.
DUE TO (b) Acute enteritis							1 1/2 hrs.
DUE TO (c) Coronary Disease							10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis							PART III. If deceased was female 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 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 Month, Day, Year a.m. p.m.							
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 Aug. 1952 to Dec. 22, 1961 and last saw him alive on Dec. 22, 1961 Death occurred at 3:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. A. Mc Survey, M.D.				22b. ADDRESS Slater, Mo.		22c. DATE SIGNED 12/22/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 23, 1961	23c. NAME OF CEMETERY OR CREMATORY Slater		23d. LOCATION (City, town, or county) (State) Slater, Missouri		
24. FUNERAL DIRECTOR ADDRESS Haines Funeral Home Slater, Mo.				25. DATE RECD. BY LOCAL REG. 12-23-61		26. REGISTRAR'S SIGNATURE Mrs. Raymond Beane	

(Licensed Embalmer's Statement on Reverse Side)

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

JAN 3 1962

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 Walter J. Haines, J

Licensed Embalmer No. 4557

P. O. Address Slater, N

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.