

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-000534

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 19

AMENDED

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY: <u>CALAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>MO</u> b. COUNTY: <u>MONITEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>FULTON</u>		c. CITY OR TOWN: <u>CALIFORNIA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>STATE HOSPITAL NO 1</u>		d. STREET ADDRESS (If outside, give location) <u>1109 SO ROACH ST</u>	
Length of stay in 1b <u>4 yrs. 4 mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY AGNES BYBEE</u>			4. DATE OF DEATH Month Day Year <u>JAN 20 1962</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-22-1898</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and state or country) <u>MONITEAU CO</u>	
12. CITIZEN OF WHAT COUNTRY <u>MONITEAU</u>		13a. FATHER'S NAME <u>H. B SUGGS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN BARTLETT</u>	
14. NAME OF HUSBAND OR WIFE <u>B. E. BYBEE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>	
17. INFORMANT <u>B. E. BYBEE</u>		Address <u>CALIFORNIA</u>		18. NAME OF HUSBAND OR WIFE <u>MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CIRCULATORY FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>
DUE TO (b) <u>PROLONGED BED REST DUE TO FRACTURE OF RIGHT HIP</u>			<u>6 MO</u>
DUE TO (c) <u>ARTERIO SCLEROTIC HEART DISEASE</u>			<u>6 MO</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>WITH FAILURE OF HEART</u> <u>ARTERIO SCLEROSIS 10 YRS</u>			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 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 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 <u>FULTON MO</u>	COUNTY <u>MO</u>	STATE
21. I attended the deceased from <u>SEPTEMBER 1957</u> to <u>JAN 20 1962</u>		Last saw her alive on <u>JAN 19</u>		
Death occurred at <u>4: AM</u> <u>JAN 20</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>J. D. Perkins DO.</u>	(Degree or title)	22b. ADDRESS <u>FULTON MO</u>	22c. DATE SIGNED <u>1-20-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 21 - 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California Mo</u>
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Jan 20 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 Leon Dale Taedtman, Student Embalmer No. 650

working under my personal supervision.

Student Leon Dale Taedtman
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Hullon, Md.

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.