

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024194

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 84

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 11 1962

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ralls</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		Length of stay in lb <b>D.O.A.</b>	c. CITY OR TOWN <b>RFD Perry, Mo.</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Mi. West of Bowling Green, Mo On Highway #54</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Saltriver Township.</b>	
3. NAME OF DECEASED (Type or print) First <b>GUSSIE</b> Middle <b>M.</b> Last <b>WYBRANT</b>			4. DATE OF DEATH Month <b>July</b> Day <b>3</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-25-03</b>	
9. AGE (last birthday) <b>58</b>		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) <b>School Teacher.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School.</b>	11. BIRTHPLACE (City and state or country) <b>Bunston, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Robert Wyan.</b>		13b. MOTHER'S MAIDEN NAME <b>Rosie Callahan.</b>		14. NAME OF HUSBAND OR WIFE <b>Rolla H. Wybrant.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Rolla H. Wybrant, Perry, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Chest - Trauma to Heart</b>				INTERVAL BETWEEN ONSET AND DEATH <b>20 MIN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>D.O.A. Pike County Hospital, Louisiana, Mo.</b>				
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 checked="" 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.) <b>Auto accident - Head on collision between cars</b>		
20c. TIME OF INJURY Hour <b>10:10</b> a.m. Month, Day, Year <b>July 3-62</b>	subject was riding in mud truck			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hyg. 54</b>	20f. CITY, TOWN, OR LOCATION <b>Bowling Green, Pike, Mo.</b>	COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____, and last saw her <del>him</del> <b>dead</b> on <b>July 3</b>				
Death occurred at <b>10:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>J. O. Neuld</b>		(Degree or title) <b>Coroner</b>	22b. ADDRESS <b>Bowling Green, Mo.</b>	22c. DATE SIGNED <b>July 5-62</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-6-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery, Perry, Mo.</b>	23d. LOCATION (City, town, or county)	
FUNERAL DIRECTOR <b>Ryder's</b>	ADDRESS <b>Perry, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 6-1962</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 USE BLACK INK OR TYPEWRITER RIBBON

VS 300	3
Rev. 4/59	4 1
<b>8820</b>	5 1
<b>2870</b>	6
<b>7 0</b>	7 0
<b>8 2</b>	8 2
<b>9 X</b>	9 X
<b>11082</b>	10
<b>1291-3</b>	
<b>132-0</b>	

7961 8 T 70P SA

**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 James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT  
(Do not accept if reproduced, or if seal impression cannot be felt.)  
THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 2004.)

STATE OF MISSOURI  
CITY OF JEFFERSON

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services this date of

AUG 13 2010

*Judy Cross*  
Registrar of Vital Records

Registrar of Vital Records

VS-804A

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024194

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 279 Primary Registration District No. 3054 Registrar's No. 89

AMENDED

**1. PLACE OF DEATH**  
a. COUNTY Pike  
b. CITY (If outside corporate limits, give TOWNSHIP only) Louisiana Length of stay in 1b D.O.A.  
c. CITY OR TOWN RFD Perry, Mo. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Saltriver Township. Outside on Farm Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution, Residence before admission)  
a. STATE Mo b. COUNTY Ralls.

**3. NAME OF DECEASED** (Type or print) First GUSSE AUGUSTA Middle M. MARGARET Last WYBRANT  
4. DATE OF DEATH July 3, 1962

**5. SEX** Female **6. COLOR OR RACE** White **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** 8-25-03 **9. AGE** (last birthday) 58 **10. IF UNDER 1 YEAR** Months 58 Days 66 **11. IF UNDER 24 HRS** Hours 66 Min. 66

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) School Teacher. **10b. KIND OF BUSINESS OR INDUSTRY** School. **11. BIRTHPLACE** (City and state or country) Burton, Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Robert Ryan. **13b. MOTHER'S MAIDEN NAME** Rosa Belle Callahan. **14. NAME OF HUSBAND OR WIFE** Rella H. Wybrant.

**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. DISPOSBANT** Rella H. Wybrant, Perry, Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Crushed Chest - Trauma to Heart INTERVAL BETWEEN ONSET AND DEATH 20 MIN  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) D.O.A. Peripheral Hospital, Louisiana, Mo.  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: (Do not include in the terminal disease condition given in PART I) Diagnosed Periodic  
PART III. If deceased was female, was there a pregnancy in last 90 days?  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?**  YES  NO **20a. ACCIDENT**  **20b. SUICIDE**  **20c. HOMICIDE**  **20d. DESCRIBE HOW INJURY OCCURRED** (Give nature of injury in PART I or PART II of item 18.) Auto accident - Head on collision between cars

**20c. TIME OF INJURY** Hour 10:30 a.m. Month, Day, Year July 3-62 subject was riding in auto truck.  
**20d. INJURY OCCURRED WHILE AT WORK?**  YES  NO **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54 **20f. CITY, TOWN, OR LOCATION** Bowling Green, Pike **20g. COUNTY** Pike **20h. STATE** Mo.

**21. I attended the deceased from** \_\_\_\_\_ to \_\_\_\_\_ and last saw him/her alive on July 3  
Death occurred at 10:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) J. B. Neill **22b. ADDRESS** Coroner Bowling Green, Mo. **22c. DATE SIGNED** July 5-62

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 7-6-1962 **23c. NAME OF CEMETERY OR CREMATORY** Lickcreek Cemetery, Perry, Mo. **23d. LOCATION** (City, town, or county) Perry, Mo.

**24. FUNERAL DIRECTOR** Clyde Linnery **25. DATE RECD. BY LOCAL REG.** July 11-62 **26. REGISTRAR'S SIGNATURE** Janice Collier

DATE AMENDED 08-13-10 mjd  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ  
#3.8.9.13b Amended by Affidavit of Daughter, decedent's  
BY AFFIDAVIT OF DOCUMENT  
MO Delayed birth record & Mother's MO Death Record

(Licensed Practitioner's Consent on Reverse Side)