

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18467
Do not use this space.

1. PLACE OF DEATH

(a) County Monteague
(b) Township Pilot Grove
(c) or City _____Registration District No. 577
Primary Registration District No. 5771Registered No. 5-8-41(d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary E Bybee St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J Bybee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1851
7. AGE YEARS 89 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteague Co MoFATHER 13. NAME James Sappington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co MoMOTHER 15. MAIDEN NAME Susan Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteague Co Mo17. INFORMANT Luther Bybee (ADDRESS) California Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Sappington Co DATE 5/9 194119. FUNERAL DIRECTOR NAME William & Frymeyer (ADDRESS) California Mo20. FILED 5-11 1941 Nadine Latham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8-194122. I HEREBY CERTIFY, That I attended deceased from 4-26-1941, to 5-8-1941
I last saw him alive on 4-26-1941. Death is saidto have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:Coronary thrombosis Date of onsetOther contributory causes of importance: ArteriosclerosisName of operation None Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1941
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) H R Roberts M. D.
(Address) California Mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.