

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 0007333

STATE FILE NUMBER

FILED JAN 27 1965

VS 300
Rev. 4/59

1 0681

2 0680

3

4 1

5 2

6

7 0

8 2

9 200

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

MONITEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CALIFORNIA

Length of stay in lb
2 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION LATHAM HOSPITAL

Inside Limits
Yes ☒ No ☐

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

a. STATE

MISSOURI

b. COUNTY

MONITEAU

c. CITY OR TOWN

CALIFORNIA

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
WALKER TWP.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First BENJAMIN

Middle FRANKLIN

Last BYBEE

4. DATE OF DEATH

Month

JANUARY

Day

20

Year

1965

5. SEX

MALE

6. COLOR OR RACE
CAUC.

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-6-1883

9. AGE (last birthday)

81

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

CLARKSBURG, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ELI BYBEE

13b. MOTHER'S MAIDEN NAME

MARGARET SAPPINGTON

14. NAME OF HUSBAND OR WIFE

CHARMION D. HILL

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.

492-18-8956

17. INFORMANT

Mary M. Kappel

Address

St. Louis, 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)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

2+ years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Emphysema

2+ years

DUE TO (c)

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.

☐ Yes ☐ No ☐ Unknown

19. 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

Hour 4:30 p.m.
Month, Day, Year

20d. 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

California

COUNTY

Moniteau

STATE

Mo

21. I attended the deceased from 8-6-67 to 1-20-65 and last saw him alive on 1-20-65
Death occurred at 4:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R.B. Fulk, M.D.

(Degree or title)

22b. ADDRESS

California, Mo

22c. DATE SIGNED

1-22-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-22-65

23c. NAME OF CEMETERY OR CREMATORY

CITY CEMETERY

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

CALIFORNIA

(State)

MO.

24. FUNERAL DIRECTOR

Hugh E. Williams

ADDRESS

California, Mo

25. DATE RECD. BY LOCAL REG.

1-24-65

26. REGISTRAR'S SIGNATURE

Walter H. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

9887000

JAN 29 1965

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 Ross HITCHCOCK, Student Embalmer No. 755
working under my personal supervision.

Student

Ross Hitchcock
Signature of Student Embalmer

Signed

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.