FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 21 1948
Registration District No. 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5776
Primary Registration District No. 5951
Registrar's No. 13

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Rural Indian twsp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 1/4 Mi S.E. of Vandalia (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 52 yrs 5 mo 20 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Rural Indian twsp (If outside city or town limits, write "RURAL")
(d) Street No. 6 1/4 Miles Southeast, Vandalia, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William McKinley Libby
3. (b) If veteran, name war World war 1
3. (c) Social Security No. –
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Della Libby
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug (Month) 18 (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	5	20	hr. min.

9. Birthplace Pike County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Henry Libby
13. Birthplace Maine (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Lamberth
15. Birthplace Maine (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Della Libby
(b) Address Vandalia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Cemetary
18. (a) Signature of funeral director Glen E Smith
(b) Address Vandalia, Mo.
19. (a) FEB 10 1948 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 54

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feby day 8
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot in head
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1640
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Feby 8 1948
(c) Where did injury occur? at home Pike Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in barn on farm (Specify type of place)
While at work? No (e) Means of injury Head
23. Signature S A Goodin (Mayor or other) Coroner
Address Louisiana Mo Date signed 2/8/48

Jefferson City Printing Co. By M.O.
(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1948

FEB 27 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-347
Date Filed FEB 19 1948

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 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 this body is not embalmed, fact should be so stated above.