—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 5 1948

STANDARD CERTIFICATE OF DEATH

State File No. 22625

Registration District No. 97 — Primary Registration District No. 3016 — Registrar's No. 175

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: two weeks (Specify whether
In this community: 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No.: 211-W-Miller (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Bert Tiberghien
3. (b) If veteran, name war
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: Garnett
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: June (Month) 8 (Day) 1897 (Year)

8. AGE: Years 51 | Months 1 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace: Chillicothe (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Prison Guard
11. Industry or business: Mo. Prison
FATHER
12. Name: Wm Tiberghien
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Belle Walker
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Garnett Tiberghien
(b) Address: 211-W-Miller
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: National
18. (a) Signature of funeral director: Fanner Sevins
(b) Address: 700 Jefferson
19. (a) 7-30-48 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature) 68 NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1948 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Nov, 1947 to July 28, 1948; that I last saw him alive on July 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0 2 2
Of autopsy: 1 d

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury ()

23. Signature: Earl P. Loyd (M. D. ~~or other~~)
Address: 425 Madison St. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) 7-30-48

SEP 3 1948

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed AUG 2 1948

SEP 3 1948

AUG 5 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 .....

Licensed Embalmer No. 36 [illegible]

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, fact should be so stated above.