

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16886

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY 290	
b. CITY (If outside corporate limits, write RURAL and give township) Crocker		c. CITY (If outside corporate limits, write RURAL and give township) Little Rock, North	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) Box 84	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) Albert	b. (Middle) Sidney	c. (Last) Tibbs	4. DATE OF DEATH (Month) (Day) (Year) June 3, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 31, 1893	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 8	Days 3	IF UNDER 24 HRS. Hours 3	Min.
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10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Crane operator		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Paris, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME W.P. Tibbs		13b. MOTHER'S MAIDEN NAME Minnie Nowell		14. NAME OF HUSBAND OR WIFE Lula Tibbs			
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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. 446-07-8713		17. INFORMANT'S SIGNATURE OR NAME Lula Tibbs				ADDRESS Crocker, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cerebral hemorrhage						5 min	
		ANTECEDENT CAUSES						5 years	
		Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS						3 3/4	
		Conditions contributing to the death but not related to the disease or condition causing death.						dilatation of the stomach	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased ~~from~~ on **June 3, 1949**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Billy James Hedges, Coroner		23b. ADDRESS Crocker, Missouri		23c. DATE SIGNED 6/3/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/3/49		24c. NAME OF CEMETERY OR CREMATORY Bristow, Oklahoma		24d. LOCATION (City, town, or county) (State) Oklahoma	
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DATE REC'D BY LOCAL REG. 6/7/49		REGISTRAR'S SIGNATURE Shelma C. Buckthorpe		5. FUNERAL DIRECTOR'S SIGNATURE Walter C. Hedges		ADDRESS Crocker, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 18 1949

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 _____

Walter P. Hedges

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.