

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26033

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>8</u>	PRIMARY REG. DIST. NO. <u>4021</u>	Registrar's No. <u>9</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laddonia, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Laddonia, Mo</u>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Laddonia, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laddonia, Mo.</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>	b. (Middle) <u>Bell</u>	c. (Last) <u>Hibbert</u>
4. DATE OF DEATH <u>August-8-1949</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1865</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Sam Hickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Hibbert</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Etta Harvey Laddonia</u> ADDRESS <u>—</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthensia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fracture of Hip</u>		<u>3 Mo.</u>
DUE TO (c) <u>Fall in Home</u>				<u>40</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>21</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laddonia Audrain, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 30 1949 10:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in Home</u>
22. I hereby certify that I attended the deceased from <u>April 30, 1949</u> , to <u>Aug 8, 1949</u> , that I last saw the deceased alive on <u>Aug 8, 1949</u> , and that death occurred at <u>9:20 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R.P. Paige, D.O.</u> (Degree or title)		23b. ADDRESS <u>Laddonia Mo</u>		23c. DATE SIGNED <u>8/12/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8-12-49</u>		REGISTRAR'S SIGNATURE <u>Martha Kennard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bienhoff</u> ADDRESS <u>Laddonia, Mo.</u>

RECEIVED AUG 17 1948
District Health Officer No. 10
District File Number 8-49-1420
Date Filed AUG 17 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clyde Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.