

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29963
28603
Registrar's No. 860

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - South Campbell Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Grove Mo</u>	
c. LENGTH OF STAY (in this place) <u>15 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark Osteopathic Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Kiblinger</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>Dec 24 - 1862</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>		13a. FATHER'S NAME <u>Daniel Evans</u>	
13b. MOTHER'S MAIDEN NAME <u>Matilda Stuckey</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Kiblinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Birch</u>		ADDRESS <u>Ash Grove Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		4/3/45	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroid Adenocarcinoma</u>		Several years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>June, 1945</u> , to <u>Sept, 1949</u> , that I last saw the deceased alive on <u>Sept 29, 1949</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Thomas F. Math</u>		23b. ADDRESS <u>Ash Grove, Mo.</u>	
23c. DATE SIGNED <u>Oct 1, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 1 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Birch</u>	
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley III</u>	
ADDRESS <u>Ash Grove Mo</u>		ADDRESS <u>Ash Grove Mo</u>	

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

FEB 11 1950

MAR 21 1950

FEB 9 1950

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.

Signed.....
Student Embalmer

Signed Richard E. Wetts

Licensed Embalmer No. 4652

P. O. Address Ash Grove, W

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.

