S. No. 300
v. 10.48

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

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40399

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 406

14 / 1 / 2

1. PLACE OF DEATH
a. COUNTY: Callaway.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 2
c. LENGTH OF STAY (in this place): 6 Mo, 19 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp. # 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Boone 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia. 2
d. STREET ADDRESS (If rural, give location): 204 Waters St. 4 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle):
c. (Last): Tibbs.

4. DATE OF DEATH (Month) (Day) (Year): 12 16. 1949

5. SEX: M.
6. COLOR OR RACE: N.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 1- 1898.
9. AGE (In years last birthday): 51. IF UNDER 1 YEAR: Months 2. Days 15. IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transfer work.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boone Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Tibbs.
13b. MOTHER'S MAIDEN NAME: Lorie Callaway.
14. NAME OF HUSBAND OR WIFE: Willie Tibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Hospital Records Fulton Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic meningo encephalitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tertiary lues.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

M25X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-10-49 *19*___, *to* 12-16, *19*49, *that I last saw the deceased alive on* 12-15-49 *19*___, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: A.P. Price MD by F. Fuego MD. (Degree or title)
23b. ADDRESS: Fulton Mo.
23c. DATE SIGNED: 12-16-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-1949
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): Columbia Mo

DATE REC'D BY LOCAL REG.: Dec-16-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Stuart P. Parker Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 27 1949
District Health Officer No. 9.
District File Number

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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Stuart P. Parker

Signed .....
Student Embalmer

Licensed Embalmer No. 7900

P. O. Address Columbia, 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.