

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40891

State File No. _____

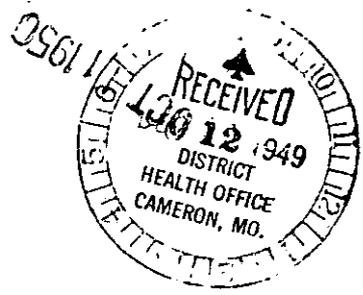
FILED DEC 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>TRENTON</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		d. STREET ADDRESS (If rural, give location) <u>214 SOUTH MAIN ST. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CURLERS Hosp. 0</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALPHA</u>		b. (Middle) _____		c. (Last) <u>SIBBIT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 2 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>JULY-13-1886</u>	9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	# UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WIFE - NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GRA W. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES A. FOSTER</u>		14. NAME OF HUSBAND OR WIFE <u>LUTHER SIBBIT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK SIBBIT TINDALL MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>					
19a. DATE OF OPERATION <u>10-28-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Colon Carcinoma of Sigmoid Flexure</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alpha Curlers M.D. U</u>				23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>11-3-49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SOUTH EVANS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-4-49</u>		REGISTRAR'S SIGNATURE <u>Jerene Jau</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schools Funeral Home Spickard Mo.</u>			

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

40
2

1:10 PM



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..... *Ross Wise*

Signed.....
Student Embalmer

Licensed Embalmer No. *3771*

P. O. Address. *Spickard 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.