

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8094

State File No.

Registrar's No. 91

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		State File No.		
1. PLACE OF DEATH a. COUNTY <u>0618</u> <u>Jefferson City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>				
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (If in hospital)		c. CITY (If outside corporate limits, write RURAL and give township)		OR TOWN		
d. FULL NAME OF HOSPITAL OR INSTITUTION		St Mary's Hospital		d. STREET ADDRESS		109 N. Walnut		
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Harold</u>		b. (Middle) <u>NMI</u>		c. (Last) <u>HIBDON</u>	
4. DATE OF DEATH		(Month) <u>Apr</u>		(Day) <u>5</u>		(Year) <u>1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>Married</u>		
8. DATE OF BIRTH		<u>Nov. 4th 1925</u>		9. AGE (In years last birthday)		<u>24</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		<u>Conservation Comm</u>		10b. KIND OF BUSINESS OR INDUSTRY		<u>Forester</u>		
11. BIRTHPLACE (State or foreign country)			<u>Morgan County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Edward Hibdon</u>			13b. MOTHER'S MAIDEN NAME <u>Addia Hibdon</u>			14. NAME OF HUSBAND OR WIFE <u>Francis Price Hibdon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown)		<u>yes</u>		16. SOCIAL SECURITY NO. <u>W. war II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Shock from automobile accident with</u>						
ANTECEDENT CAUSES		<u>hemorrhage secured with a compound fracture of tibia & fibula</u>						
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fract R femur; Fracture of tibia & fibula</u>						
		DUE TO (c) <u>Fractured Pelvis</u>						
II. OTHER SIGNIFICANT CONDITIONS		<u>Chloruria from shock</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>found with retroperitoneal hemorrhage</u>						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about highway, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller County, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 30th '50 1P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile ran over him.</u>				
22. I hereby certify that I attended the deceased from <u>3 30</u> , <u>1950</u> , to <u>April 5</u> , 1950, that I last saw the deceased alive on <u>April 5</u> , 1950, and that death occurred at <u>7:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M.P. Cledridge M.D.</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>4/5/50</u>		
24a. BURIAL CREMA TION <u>Removal</u>		24b. DATE <u>Apr 5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles, City</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 5-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris M.D. - NR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Kidwell</u>		ADDRESS <u>Versailles, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

APR 21 1950

District File Number
District Health Officer No. 9,

RECEIVED
APR 7 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 Gene N. Barton

Signed.....
Student Embalmer

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.