S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16033

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer
c. LENGTH OF STAY (In this place): 83 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer 0130
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): W.
c. (Last): Hibner

4. DATE OF DEATH (Month) (Day) (Year): 3 – 6 – 50

5. SEX: M. 0
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 2-3-1867
9. AGE (In years last birthday): 83 yrs. — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): realestate trader
10b. KIND OF BUSINESS OR INDUSTRY: realestate
11. BIRTHPLACE (State or foreign country): Braymer Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Foley Hibner
13b. MOTHER'S MAIDEN NAME: Sallie Ann Waters
14. NAME OF HUSBAND OR WIFE: Leona E. Hibner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Leona E. Hibner
ADDRESS: Braymer

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) Hypostatic Pneumonia, uremia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4500

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* Feb 21, 1950, *to* March 7, 1950, *that I last saw the deceased alive on* March 7, 1950, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] D.O.
23b. ADDRESS: Braymer Mo
23c. DATE SIGNED: 3/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 3/7/50
24c. NAME OF CEMETERY OR CREMATORY: Braymer Evergreen
24d. LOCATION (City, town, or county) (State): Braymer Mo

DATE REC'D BY LOCAL REG.: 3/7/50
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones 873
25. FUNERAL DIRECTOR'S SIGNATURE: Bernard Mead
ADDRESS: Braymer Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Bernard F. Mead

Signed .....
Student Embalmer

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.