

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20917

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 212

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Marion | |
| b. CITY (If outside corporate limits, write RURAL and give town) Hannibal | | c. LENGTH OF STAY (In this place) 30 days | | c. CITY (If outside corporate limits, write RURAL and give township) Hannibal | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp. | | d. STREET ADDRESS (If rural, give location) 715 Rock | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wm. Hibbard | | | b. (Middle) | | |
| c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 10, 1875 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 11 Days 17 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (State or foreign country) Kentucky | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Thomas J. Hibbard | | 13b. MOTHER'S MAIDEN NAME No Record | |
| 14. NAME OF HUSBAND OR WIFE Irene Hibbard | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Roger Hibbard | | ADDRESS Hannibal Missouri | | | |
| 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) Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis nephritis eyes DUE TO (c) Arterial thrombosis left 2 weeks II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 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) (Min.) | | 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 2-16-50 , 19___, to 6-23-50 , 19___, that I last saw the deceased alive on 6-23-50 , 19___, and that death occurred at 7:30 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) [Signature] | | | 23b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo. | | 23c. DATE SIGNED 6-24-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/26/1950 | 24c. NAME OF CEMETERY OR CREMATORY Mount Olivet | | 24d. LOCATION (City, town, or county) (State) Hannibal Missouri |
| DATE REC'D BY LOCAL REG. 6-27-50 | | REGISTRAR'S SIGNATURE Dr. E. M. Lucice Deputy | | F. FUNERAL DIRECTOR'S SIGNATURE Wm. M. Smith | |
| | | ADDRESS Hannibal Missouri | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0644

RECEIVED JUN 29 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 29 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.

Student
Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.