

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36476

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 81

2400

1. PLACE OF DEATH
a. COUNTY CLAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CLAY

c. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE c. LENGTH OF STAY (In this place) 2 WEEKS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP. e. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE 0240
d. STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WILLIAM c. (Last) PIBURN 4. DATE OF DEATH (Month) (Day) (Year) NOV. 22, 1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH DEC. 27, 1874 9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months 10 Days 26 if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER, SELF-EMPLOYED 10b. KIND OF BUSINESS OR INDUSTRY EMPLOYED 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN LOGAN PIBURN 13b. MOTHER'S MAIDEN NAME ANN ELIZA MALOTT 14. NAME OF HUSBAND OR WIFE BESSIE CORBIN PIBURN

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 ADDRESS MRS. BESSIE PIBURN SMITHVILLE, 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) Carcinoma of sigmoid. 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)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -153X

19a. DATE OF OPERATION 10-8-50 19b. MAJOR FINDINGS OF OPERATION Generalized Circumetom 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

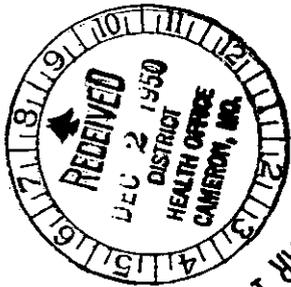
22. I hereby certify that I attended the deceased from 11-4-50 to 11-22, 1950, that I last saw the deceased alive on 11-22, 1950, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE R.B. Hobbs (Degree or title) MD 23b. ADDRESS Smithville, Mo. 23c. DATE SIGNED 11-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE NOV. 24, 1950 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY 24d. LOCATION (City, town, or county) (State) SMITHVILLE MISSOURI

DATE REC'D BY LOCAL REG. 11-24-50 REGISTRAR'S SIGNATURE Beulah Kitchen 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCOMAS FUNERAL HOME SMITHVILLE, MO.

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



MAR 13 1951

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.