

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **354**

FILED JAN 31 1951

BIRTH NO. **26271-50** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **34**

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

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY BUTLER | |
| b. CITY (If outside corporate limits, write RURAL and give township) POPLAR BLUFF | c. LENGTH OF STAY (In this place) 9MO | c. CITY (If outside corporate limits, write RURAL and give township) POPLAR BLUFF | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 114 So RIVER View DRIVE | |

| | | | | | |
|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) MARIE c. (Last) TIBBS | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN 20 1951 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH APR 26-1950 | | 9. AGE (In years last birthday) Months Days 8 9 24 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) BUTLER Co | |
| 13a. FATHER'S NAME CARLE TIBBS | | | 13b. MOTHER'S MAIDEN NAME VILMA GIASER | | 14. NAME OF HUSBAND OR WIFE |
| 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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl P. Tibbs Poplar Bluff Mo | | |

| | | | | | |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Colitis | | 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) | | DUE TO (c) | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 5710 | |

| | | | | | |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) | | 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 _____ m., from the causes and on the date stated above.

| | | | | | |
|--|---------------------------------|---|--|--|--|
| 23a. SIGNATURE Wm. H. Johnson (Degree or title) | | 23b. ADDRESS Poplar Bluff Mo | | 23c. DATE SIGNED 1/20-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JAN 21-1951 | 24c. NAME OF CEMETERY OR CREMATOR BLACK CREEK Cem | | 24d. LOCATION (City, town, or county) (State) MI W POPLAR BLUFF MO | |
| DATE REC'D BY LOCAL REG. Jan. 23 1951 | | REGISTRAR'S SIGNATURE Wm. H. Johnson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.P. Phelps Poplar Bluff Mo | |

RECEIVED

JAN 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 151-52.

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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 N. T. Phelps.....

Licensed Embalmer No. 3231.....

P. O. Address Payson Bluff, 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.