

FILED FEB 16 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6201
856
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital

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

3. NAME OF DECEASED
a. (First) Clara b. (Middle) B c. (Last) Hibbert

4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH 4-17-1860 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Montgomery City, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Hibbert 13b. MOTHER'S MAIDEN NAME Mary Kelly 14. NAME OF HUSBAND OR WIFE Nil

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 E.E. Hibbert Montgomery City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of left femur; Arterio sclerosis
ANTECEDENT CAUSES when she fell in Katy Jane
morning home Warrenton Mo
DUE TO (b) any Dec 21 1950 exact time
DUE TO (c) unbroken

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 Accident 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, bus, bldg., etc.) Nursing Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrenton Mo 109

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 21 50 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? E 9030

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 1:30 P. m., from the causes and on the date stated above. 11

23. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS 3 [Address] 23c. DATE SIGNED 1/27/51

24a. BIRTH, CREMATION, REMOVAL (Specify) removal 24b. DATE 1-27-51 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.

DATE REC'D BY LOCAL REG. JAN 27 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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

AUG 29 1951

DEC 16 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James Binkley

Licensed Embalmer No. 3653

P. O. Address.....

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.