

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13213

FILED MAY 31 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 4302 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Chula		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chula	
c. LENGTH OF STAY (in this place) 11 years		d. STREET ADDRESS (If rural, give location) 15911	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) John b. (Middle) Joseph c. (Last) Hibler			4. DATE OF DEATH April 24 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept. 20 1865
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 7 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Ft. Wayne Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Louis A. Hitler	
13b. MOTHER'S MAIDEN NAME Adeline Hoffman		14. NAME OF HUSBAND OR WIFE Hattie Hibler	
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 C.T. Stewart ADDRESS 835 W 13 Ct., Trenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 48 hours 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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)		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 April 22, 1951, to April 24, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 4:25 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Oliver F. Duffy M.D.		23b. ADDRESS Trenton Mo.	
23c. DATE SIGNED April 25, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/1951	
24c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery		24d. LOCATION (City, town, or county) (State) Wheeling Mo.	
DATE REC'D BY LOCAL REG. 4-25-51		REGISTRAR'S SIGNATURE Francis B. Neills	
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson		ADDRESS Funeral Home Chula Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo, Md

**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.