No. 300
10-48

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

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23070
Registrar's No. 3177

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 5 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 401 EAST 36TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~SLATER~~ Malta Bend
d. STREET ADDRESS (If rural, give location): 6970

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle): MOLLY
c. (Last): HIBBARD

4. DATE OF DEATH (Month) (Day) (Year): JULY 23, 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 10-7-1874

9. AGE (In years last birthday): 76
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Henry Hibbard

13b. MOTHER'S MAIDEN NAME: Elizabeth Jarolman

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: M. N. Hibbard
ADDRESS: 3023 Walrond

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): Hypertensive Heart disease
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): old age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

42X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

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) m.:

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* about, 19 49, *to* 7/22, 19 51, *that I last saw the deceased alive on* 7-20, 1951, *and that death occurred at* 11:5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. J. Farnsworth MD

23b. ADDRESS: 1103 Grand KC MO

23c. DATE SIGNED: 7-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 7-25-51

24c. NAME OF CEMETERY OR CREMATORY: Waverly Cem

24d. LOCATION (City, town, or county) (State): Waverly Mo

DATE REC'D BY LOCAL REG.: 7-25-51

REGISTRAR'S SIGNATURE: Geraldine Helmer

25. FUNERAL DIRECTOR'S SIGNATURE: D. M. Newcomer Sons
ADDRESS: 1331 Brush Creek KC. MO.

(Licensed Embalmer's Statement on Reverse Side)

2:30 - 4:00 P.M.

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 Paul O Honey

Licensed Embalmer No. H724

P. O. Address Ashland, 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.