S. No. 300
v. 10.48

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FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27637

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 294

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal Saverton Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Rall
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saverton 0870
d. STREET ADDRESS (If rural, give location): RR#2 New London Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle):
c. (Last): Hibbs

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24. 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March. 25. 1909
9. AGE (In years last birthday): 42 — If under 1 year: Months 5, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Palmyra. Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: LeRoy Samuel
13b. MOTHER'S MAIDEN NAME: Anna Dalton
14. NAME OF HUSBAND OR WIFE: David Hibbs

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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Richard Powell — ADDRESS: Hannibal

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): Jury Verdick - By being
ANTECEDENT CAUSES: struck by a Chevrolet truck driven by her
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Husband David Hibbs accident
DUE TO (c): unavoidable.

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

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 087 E8124 25
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ilasco. Rolls Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 24 51 6 [illegible]
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: accident. struck by car.

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 6 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W Crawford Smith Coroner
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 28. 1951
24c. NAME OF CEMETERY OR CREMATORY: Little Union Cemetery
24d. LOCATION (City, town, or county) (State): Marion Co Mo

DATE REC'D BY LOCAL REG.: 9/8/51
REGISTRAR'S SIGNATURE: D E M Lucke 187 W C Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: James O Donnell — ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 12 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.