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

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

State File No. 12751

12751

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 382  |  | PRIMARY REG. DIST. NO. 5545  |  | Registrar's No. 10  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>HOWARD</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHARITON Mo</u>   |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHARITON Mo</u>                                      |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MI. S.E. CLASGOW</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>2 MI. S.E. CLASGOW</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>BETTIE</u>  |  | b. (Middle) <u>BIBB</u>  |  | c. (Last) <u>BIBB</u>   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>  |  | 8. DATE OF BIRTH <u>NOV. 7, 1858</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>HER HOME</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>JOHN O. BIBB</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WOODS</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Bera Thompson</u>   |  | ADDRESS <u>Glasgow Mo.</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Hypostatic congestion</u><br>DUE TO (c) <u>Fractured hip</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>E9040</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 da</u><br><u>3 wks</u><br><u>4 wks</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glasgow Howard Mo.</u>  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 28 52 PM</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>Fell in house</u>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>3-28-52</u> , 19 <u>52</u> , to <u>4-17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-16</u> , 19 <u>52</u> , and that death occurred at <u>9:00 A</u> m, from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>[Signature]</u>   |  | 23b. ADDRESS <u>Glasgow</u>   |  | 23c. DATE SIGNED <u>4-19-52</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>APR 19, 1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>                 |  |
| DATE REC'D BY LOCAL REG. <u>4-19-52</u>   |  | REGISTRAR'S SIGNATURE <u>Walker Andstly</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Freemant</u>   |  | ADDRESS <u>Glasgow</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*J. Walker Ainsley*

Licensed Embalmer No. *3336*

P. O. Address *Glasgow 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.