No. 300
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FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28556

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 56

500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- Big River
c. LENGTH OF STAY (In this place): YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1- Grubville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- Big River
d. STREET ADDRESS (If rural, give location): Rt. 1- Grubville 1500

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Vivian
c. (Last): Tibbitts

4. DATE OF DEATH (Month) (Day) (Year): Aug. 9- 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29- 1883
9. AGE (In years last birthday): 69
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): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocer
11. BIRTHPLACE (City and State or Foreign Country): Atchison, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Tibbitts
13b. MOTHER'S MAIDEN NAME: Clarissa Phillips
14. NAME OF HUSBAND OR WIFE: Doris Warner Tibbitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-18-0761
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Doris Tibbitts - Rt. 1- Grubville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death was due to gun shot
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) wound back of right ear
DUE TO (c) Self inflicted by hand
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 38 Caliber revolver

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 a m., from the causes and on the date stated above.*

23a. SIGNATURE Jas J. Long (Degree or title) Coroner 3
23b. ADDRESS RR, De Soto Mo.
23c. DATE SIGNED 8/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE 8-11-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Park
24d. LOCATION (City, town, or county) (State): De Soto Mo.

DATE REC'D BY LOCAL REG. 8-9-52
REGISTRAR'S SIGNATURE Kathleen Marden 141-0
25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathushead
ADDRESS De Soto Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 13 1952

AUG 13 1952

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.