

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34349

State File No.

REV. 10.48

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Auxvasse</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Home Auxvasse Mo</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Newell</u> c. (Last) <u>McKibben</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24 1875</u>
9. AGE (In years) <u>77</u> (Specify birth day, month, year)		10. DATE OF DEATH (Specify hours, minutes)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert McKibben</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Cozzens</u>	
14. NAME OF HUSBAND OR WIFE <u>BEULAH MCKIBBEN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beulah McKibben Auxvasse Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>oc. strangulated of sigmoid tumor.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5610</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic heart disease</u> <u>years</u>	
19a. DATE OF OPERATION <u>10/29/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Strangulation of colon + ileum in hernial sac.</u>	
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 <u>10/29 1952</u> , to <u>11/1 1952</u> , that I last saw the deceased alive on <u>11/1 1952</u> , and that death occurred at <u>9:45 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry D. Smith M.D.</u>		23b. ADDRESS <u>Fulton, Mo.</u>	
23c. DATE SIGNED <u>11/3/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 3 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Auxvasse Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maureen Funeral Home Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8-1952</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Fulton Mo</u>		26. (Licensed Embalmer's Statement on Reverse Side)	

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

01430

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BEULAH MCKIBBEN

Beulah McKibben Auxvasse Mo

oc. strangulated of sigmoid tumor.

4 days

5610

arteriosclerotic heart disease

years

Strangulation of colon + ileum in hernial sac.

Henry D. Smith M.D.

Fulton, Mo.

11/3/52

Burial Nov. 3 1952

Auxvasse Cemetery

Auxvasse Mo.

Nov. 8-1952

Martha Lawrence

Maureen Funeral Home Fulton Mo

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

J. J. Ross

Licensed Embalmer No. *2535*

P. O. Address *Fullerton, Cal.*

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.