

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1952

BIRTH NO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY OR TOWN Unionville	c. LENGTH OF STAY (in days) 65	c. CITY OR TOWN Unionville 0768	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rest Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Margellas b. (Middle) Emery c. (Last) Hibbs			4. DATE OF DEATH (Month) (Day) (Year) Oct. 27-1952	
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5. SEX M. O.	6. COLOR OF RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 01868-5-26	9. AGE (In years) 84	IF UNDER 1 YEAR (Months) 4	IF UNDER 1 YEAR (Days) 25	IF UNDER 1 YEAR (Hours) 0	IF UNDER 1 YEAR (Min.) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miller		10b. KIND OF BUSINESS OR INDUSTRY Iowa		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY U.S.	
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13a. FATHER'S NAME Pleasant Hibbs		13b. MOTHER'S MAIDEN NAME Mary Huffaker		14. NAME OF HUSBAND OR WIFE Solamay Hibbs	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, the war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME (Print name) Bonnie Silverman		ADDRESS Unionville	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility					
ANTECEDENT CAUSES	DUE TO (b) Chronic Cystitis				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Prostatitis				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 611 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 19, 1952, to Oct. 21, 1952, that I last saw the deceased alive at Oct. 21, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. W. McDowell, M.D.	23b. ADDRESS Unionville, Mo	23c. DATE SIGNED 10-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Oct. 24	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Unionville	24d. LOCATION (City, town, or county) (State) Unionville Mo
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DATE REC'D BY LOCAL REG. 10-25-52	REGISTRAR'S SIGNATURE Marcell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE (Address) 40 Husted Bldg Unionville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1860

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.....

J. O. Hester

Signed.....

Student Embalmer

Licensed Embalmer No. *2975-*

P. O. Address *Unionville*

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.