

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2297

State File No. _____

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	c. LENGTH OF STAY (In this place) <u>6 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u> <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u> b. (Middle) <u>R.</u> c. (Last) <u>Hibdon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11, 1953</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>May 21, 1886</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> IF UNDER 12 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George Hibdon</u>		13b. MOTHER'S MAIDEN NAME <u>Emme Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Allen</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Josie Hibdon, Versailles, Mo.</u>		
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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>Cardiac de compensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Rheumatic heart disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>416X</u>		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) (Min.)		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 July, 1949, to Jan 11, 1953, that I last saw the deceased alive on Jan 10, 1953, and that death occurred at 10⁰⁰ p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>		23b. ADDRESS <u>Versailles Mo</u>		23c. DATE SIGNED <u>Jan 15, 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Jan 15-1953</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Kidwell Versailles, Mo.</u>		
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W. F. Kidwell (Funeral Director's Statement on Reverse Side)

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

710

JAN 29 1953

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
Student Embalmer

Student Embalmer No. _____

Signed *W. J. Kuder* _____

Licensed Embalmer No. *1596* _____

P. O. Address *Levittown, Pa.* _____

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.