

STANDARD CERTIFICATE OF DEATH

21989

State File No.

FILED JUN 19 1953

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 ✓ Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JOACHIM</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN</u>		d. STREET ADDRESS (If rural, give location) <u>0351</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW CONVALESCENT HOME</u>							
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>Van Bibber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7 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>SEPT. 25, 1874</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ABSON VAN BIBBER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE VAN BIBBER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Rose Vanbibber Malden, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>Worse 1WK.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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>May 19</u> , 19 <u>53</u> , to <u>June 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 1</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. D. Kennell, M.D.</u> (Degree or title)				23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>6-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MALDEN MO</u>		
DATE REC'D BY LOCAL REG. <u>6-10-53</u>	REGISTRAR'S SIGNATURE <u>Quincy R. Pelletier</u> 440-0			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Vinyard Festus, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2500
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 17 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 Embalmer No.....

Signed.....
Student Embalmer

Signed.....
James J. Comerford

Licensed Embalmer No. *4744*

P. O. Address. *Crystal City, 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.