

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>RURAL-FRANKLIN</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>RURAL-FRANKLIN</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi - E - ELDON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) <u>LOSSON</u> a. (First) <u>Russell</u> b. (Middle) <u>Chibourn</u> c. (Last) <u>Chibourn</u>			4. DATE OF DEATH <u>June 16 1953</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9 Oct 1870</u>	9. AGE (Specify birth day) <u>82</u> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Street-Car-Repair</u>		11. BIRTHPLACE (State or foreign country) <u>Miller-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John-Chibourn</u>	13b. MOTHER'S MAIDEN NAME <u>Leuisia-Templeton</u>	14. NAME OF HUSBAND OR WIFE <u>Luey-Chibourn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. no. or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo-Chibourn</u>	ADDRESS <u>ELDON 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? <u>4222</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on June 14, 1953, and that death occurred at 1:50 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. S. Humphreys, D.O</u> (Degree or title)	23b. ADDRESS <u>Tusculumbia-Mo</u>	23c. DATE SIGNED <u>18 June 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>18 June 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALEM</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER CO. MO</u>

DATE REC'D BY LOCAL REG <u>June 18, 1953</u>	REGISTRAR'S SIGNATURE <u>W. Dearetta Walls</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. [unclear]</u>	ADDRESS <u>ELDON MO</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

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

*Keith M. Kays*

Licensed Embalmer No.

*3998*

P. O. Address

*Ellen 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.