

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22470

State File No.

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 143

0810

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Miller twp.</u>		c. CITY OR TOWN <u>Rural-Miller twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>North of Union School</u> <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Union School</u>			

3. NAME OF DECEASED (Type or Print) <u>LUCY</u>	a. (First)	b. (Middle) <u>DOLLY</u>	c. (Last) <u>VAN BIBBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 1, 1871</u>	9. AGE (In years last birthday) <u>81</u>	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 1 HRS. Hours	If UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Calloway, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Marshall</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas</u>
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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 <u>Carl VanBibber</u>	ADDRESS <u>St. James</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Degenerative cerebral vessel changes incident unknown to age 81</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	19b. MAJOR FINDINGS OF OPERATION <u>332X</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 Oct, 1951, to June, 1953, that I last saw the deceased alive on 26 June, 1953 and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Everett MD</u>	(Degree or title)	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>29 June 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Granite City, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>June 29, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Zull</u>	ADDRESS <u>Rolla, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... Signature of Student Embalmer

Signed..... Paul E. New

Licensed Embalmer No. 449

P. O. Address Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.