

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25697

State File No.

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>	c. LENGTH OF STAY (in this place) <u>17 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>0670</u>	

3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>RUDOLPH</u> c. (Last) <u>TIBBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1953</u>				
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>Jan. 22, 1870</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>5</u>	11. DAYS <u>27</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mill worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stave Mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wisburg, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Tibby</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine L. Cramer</u>	13c. NAME OF HUSBAND OR WIFE <u>Rachel Tibby</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>unk.</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Tibby</u>	17. ADDRESS <u>East Prairie, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic stroke</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage of brain</u> DUE TO (c) <u>meningitis</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 10, 1953, to July 19, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Martin M.D.</u>	(Degree or title)	23b. ADDRESS <u>East Prairie Mo.</u>	23c. DATE SIGNED <u>7/27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 20, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Logwood</u>	24d. LOCATION (City, town, or county) (State) <u>Miss. Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-27-53</u>	REGISTRAR'S SIGNATURE <u>Arthur H. Harber</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Harber & Sons</u>	ADDRESS <u>East Prairie</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0671 / 1

JUL 30 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed AUG 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.