

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32326**
Registrar's No. **58**

FILED OCT 5 1953

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY OR TOWN Rural Bedford		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Troy		b. 570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Memorial Hosp.				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE		b. (Middle) AMANDA		c. (Last) BIBB		4. DATE OF DEATH (Month) (Day) (Year) Sept 25, 53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 18 1899	
9. AGE (In years last birthday) 54		10. MONTHS 6		11. DAYS 7		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles B Crawford		13b. MOTHER'S MAIDEN NAME Hennings		14. NAME OF HUSBAND OR WIFE John W Bibb			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John W Bibb ADDRESS Troy Mo			
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) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma right breast 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. 170X				INTERVAL BETWEEN ONSET AND DEATH 6 mos 2 yrs	
19a. DATE OF OPERATION April 6, 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma right breast with lymph node metastasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____ m.		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 Jan 23 , 19 53 , to Sept 25 , 19 53 , that I last saw the deceased alive on Sept 24 , 19 53 , and that death occurred at 3:00 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Don K. Munchausen M.D.				23b. ADDRESS Troy Mo		23c. DATE SIGNED 9/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 28 1953		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Co Mo	
DATE REC'D BY LOCAL REG. Oct 3-1953		REGISTRAR'S SIGNATURE Emma B. Riddle 162		25. FUNERAL DIRECTOR'S SIGNATURE Wayne McCay ADDRESS Troy Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed _____

Wayne McCarty
Licensed Embalmer No. *3586*

P. O. Address *Tray 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.