

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35199

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 367

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>7 Mo 3 day</u>	c. CITY OR TOWN <u>Pilot Grove</u>	d. Is Residence within limits of a city or incorporated town? <u>1</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp Mo</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>H</u> c. (Last) <u>SCHIBI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 24 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>4</u> Days <u>19</u>
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>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>	

13. FATHER'S NAME <u>Louis Schibi</u>	13b. MOTHER'S MAIDEN NAME <u>DK</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Twenter Schibi</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record State Hosp Mo</u> ADDRESS <u>Fulton 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, ashenia, 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>Chronic myocarditis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>Fulton MO</u>
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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?
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22. I hereby certify that I attended the deceased from Nov 10, 1953 to Nov 10, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred by 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Nicols M.D.</u>	23b. ADDRESS <u>Fulton MO</u>	23c. DATE SIGNED <u>11-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov-11-1953</u>	REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace</u> ADDRESS <u>General Home, Fulton Mo</u>
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AUG 23 1962

REC. 5 11 1962

1962 08 11 AM

MS JUL 27 1959

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 *William E. Trehan*

Licensed Embalmer No. *497*

P. O. Address *Fullton*

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.