No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36358
State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: KNOX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KNOX CITY
c. LENGTH OF STAY (In this place): 7 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NELSON REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS 0560
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTOWN 1
d. STREET ADDRESS (If rural, give location): XXXXXXXXXXXXXXXX

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): ELIZA
c. (Last): FIBLE

4. DATE OF DEATH (Month) (Day) (Year): OCT. 31, 1953

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 7/20/1872
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 3 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXXXXX
11. BIRTHPLACE (City and State or Foreign Country): MARION COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM BRISCOE
13b. MOTHER'S MAIDEN NAME: NANCY FISHER
14. NAME OF HUSBAND OR WIFE: HERBERT FIBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): XXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MERLE BAKER
ADDRESS: LEWISTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensation of Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19 45, *to* Oct 31, 19 53 *that I last saw the deceased alive on* Oct 30, 19 53 *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Waldo B Dunn (Degree or title) MD
23b. ADDRESS Knox City Mo
23c. DATE SIGNED 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/3/53
24c. NAME OF CEMETERY OR CREMATORY: LEWISTOWN
24d. LOCATION (City, town, or county) (State): LEWISTOWN, MISSOURI

DATE REC'D BY LOCAL REG.: Nov. 4-53
REGISTRAR'S SIGNATURE: Nelle G. Hunolt
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Crow Jr.
ADDRESS: LEWISTOWN, 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 Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.