

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39457
State File No.

FILED DEC 2 - 1953
BIRTH NO. 79495 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 539

1. PLACE OF DEATH
a. COUNTY **JASPER**
b. CITY OR TOWN **JOPLIN**
c. LENGTH OF STAY (in this place) **2 DAYS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHN'S HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JASPER**
c. CITY OR TOWN **JOPLIN**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **JOPLIN, MO 0490**

3. NAME OF DECEASED (Type or Print)
a. (First) **JAMES** b. (Middle) **MAURICE** c. (Last) **PIBO**
4. DATE OF DEATH (Month) (Day) (Year) **NOV 26 1953**

5. SEX **MALE** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **NOV 24 - 1953**
9. AGE (In years last birthday) **0** If UNDER 1 YEAR: Months **0** Days **2** If UNDER 1 HR. Hours **2** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (City and State or Foreign Country) **JOPLIN, MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Pibo** 13b. MOTHER'S MAIDEN NAME **Betty Shaeffer** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **JOHN PIBO** ADDRESS **2111 BEYERS**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atelectasis, both lungs -**
ANTECEDENT CAUSES
DUE TO (b) **Aspiration Pneumonia**
DUE TO (c) **Prematurity (7 mo)**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
50 hrs
50 hrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) **7625**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 **24 Nov 1953**, to **26 Nov 1953**, that I last saw the deceased alive on **26 Nov 1953** and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert J. Paull** (Degree or title) **MD** 23b. ADDRESS **Galena Kansas** 23c. DATE SIGNED **27 Nov 53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **NOV 28 - 1953** 24c. NAME OF CEMETERY OR CREMATORY **Hillcrest Cem** 24d. LOCATION (City, town, or county) (State) **Galena KANSAS**

DATE REC'D BY LOCAL REG. **11-28-53** REGISTRAR'S SIGNATURE **Ed D. James** 138 25. FUNERAL DIRECTOR'S SIGNATURE **HURIBUT-GLOVER** ADDRESS **JOPLIN, MO**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 30 1953

Jasper County Health Office

County File Number 53-11-959

Date Filed NOV 30 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.....
Signature of Student Embalmer

Signed..... *Dale Gerson*

Licensed Embalmer No. 45

P. O. Address Joplin

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.