

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44970**

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4570</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan		d. STREET ADDRESS (If rural, give location) 1120 D			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) Elmer Lincoln Hibbs			a. (First) Elmer b. (Middle) Lincoln c. (Last) Hibbs			4. DATE OF DEATH (Month) (Day) (Year) December 27, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20, 1887			
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Dawson County, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Dawson County, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME William Hibbs			13b. MOTHER'S MAIDEN NAME Susie May Smith			14. NAME OF HUSBAND OR WIFE Bertha Alice Hibbs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-10-0967		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha Alice Hibbs, Sheridan Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
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. <u>arterio sclerosis</u>									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						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. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Dec 10, 1953</u> , to <u>Dec 27, 1953</u> , that I last saw the deceased alive on <u>Dec 26, 1953</u> , and that death occurred at <u>5:45 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. R. L. Harten</u>			23b. ADDRESS <u>Do. 2 Maryville Mo.</u>			23c. DATE SIGNED <u>12-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-1953		24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan, Missouri			
DATE REC'D BY LOCAL REG. <u>1-7-1954</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u> 345-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill A. Dunfee</u> <u>Short City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Bill A Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.