

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

796

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 4

1. PLACE OF DEATH a. CITY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN 0361	
c. LENGTH OF STAY (in this place) 1YR		d. STREET ADDRESS (If rural, give location) HOBART ST 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) ASHFORD b. (Middle) SEROME c. (Last) SIBOLE			4. DATE OF DEATH (Month) (Day) (Year) FEB 2 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 12, 1876		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY		11. BIRTHPLACE (State or foreign country) OHIO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME SQUIRE R. SIBOLE		13b. MOTHER'S MAIDEN NAME ELIZABETH HUITS		14. NAME OF HUSBAND OR WIFE ROSA DEATON	
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 ROSA NELL SIBOLE ADDRESS SULLIVAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Urinary Infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy			INTERVAL BETWEEN ONSET AND DEATH Weeks Years
---	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-221		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)		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 **Nov 21, 1953** to **Feb 2, 1954**, that I last saw the deceased alive on **Jan 8, 1954**, and that death occurred at **6:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Crawford M.D.		23b. ADDRESS 40 1/2 W. Clark St. Clark, Mo.		23c. DATE SIGNED Jan 3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-4-54		24c. NAME OF CEMETERY OR CREMATORY PROSPECT CEMETERY	
		24d. LOCATION (City, town, or county) (State) ST. CLAIR, MO.			

DATE REC'D BY LOCAL REG. 2-5-54		REGISTRAR'S SIGNATURE Thomas A. Humphrey 496-91		25. FUNERAL DIRECTOR'S SIGNATURE Amelator ADDRESS Sullivan, 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 D. A. Humphrey

Licensed Embalmer No. 4272

P. O. Address Sullivan, 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.