

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1944

State File No.

FILED FEB 8 1954		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5668		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clark</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clark</u>			
c. LENGTH OF STAY (in this place) <u>6 yr.</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. SW. of Troy Mo. 0570</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. SW. of Troy Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. SW. of Troy Mo. 0570</u>			
3. NAME OF DECEASED (Type or Print) <u>MARGARET WATERS BIBB</u>				4. DATE OF DEATH Month (Day) (Year) <u>Jan 31 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 3, 1868</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Whiteside</u>		14. NAME OF HUSBAND OR WIFE <u>Hurley Bascom Bibb</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hurley Bibb Troy Mo.</u>			
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) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSES DUE TO (b) <u>dehydration</u>				4 days			
DUE TO (c) <u>Senility</u>				years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Cerebral Vascular Accidents</u>				years			
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"/>		493X	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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>Jan 16</u> , 1953, to <u>Jan 31, 1954</u> , that I last saw the deceased alive on <u>Jan 31</u> , 1954, and that death occurred at <u>3:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman K. Merschman MD</u>				23b. ADDRESS <u>Troy, Mo</u>		23c. DATE SIGNED <u>Feb 1, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elsherry Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Elsherry Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-6-54</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. E. Coyle</u>		ADDRESS <u>Troy Mo</u>	

(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 Wayne M & Gay

Licensed Embalmer No. 3586

P. O. Address Tray 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.