

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4844

State File No.

FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 607

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|--|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>Jackson</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hickman Mills</u> | |
| c. LENGTH OF STAY (in this place) <u>5 da. 17 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>9401 Hillcrest Rd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u> | | | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH | |
| a. (First) <u>Rosa</u> | b. (Middle) <u>Lee</u> | c. (Last) <u>Hibbons</u> | |
| (Type or Print) | | (Month) (Day) (Year) <u>Feb. 6, 1954</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> | 8. DATE OF BIRTH <u>April 4, 1953</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | 9b. KIND OF BUSINESS OR INDUSTRY <u>child</u> | 10. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 12a. FATHER'S NAME <u>Earl H. Hibbons</u> | 12b. MOTHER'S MAIDEN NAME <u>Florence Mc Intyre</u> | 13. NAME OF HUSBAND OR WIFE <u>Child</u> | |

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|--|--------------------------------------|--|--|
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 15. SOCIAL SECURITY NO. _____ | 16. INFORMANT'S SIGNATURE OR NAME <u>Florence Hibbons, 9401 Hillcrest, Hickman Mills, Mo.</u> | |
| 17. INTERVAL BETWEEN ONSET AND DEATH | | 18. ADDRESS | |

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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 344 X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Upper Respiratory Infection</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 Jan 31, 1954, to Feb. 6, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 11:52 A. M., from the causes and on the date stated above.

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|---|--|--|
| 23a. SIGNATURE <u>Wayne Harry</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Mercy Hospital</u> | 23c. DATE SIGNED <u>Feb 6 1954</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-8-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Smith</u> ADDRESS <u>France-Warnall Funeral Home</u> | |
| DATE REC'D BY LOCAL REG. <u>2-6-54</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Warnall Funeral Home</u> |

(Licensed Embalmer's Statement on Reverse Side)

KC 700

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

Russell N France

Licensed Embalmer No. 4255

P. O. Address K. R. 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.