

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5570

BIRTH FILED FEB 23 1954 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) NEOSHO		c. CITY (If outside corporate limits, write RURAL and give township) Noeh	
c. LENGTH OF STAY (in this place) 2 HR		d. STREET ADDRESS (If rural, give location) CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAGE MEMORIAL			

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Wilbur c. (Last) Hibb		4. DATE OF DEATH (Month) (Day) (Year) 1-29-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH May 22, 1895
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 1 HR. Hours 1 Min. 1
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10a. KIND OF BUSINESS OR INDUSTRY CHEMICAL	11. BIRTHPLACE (State or foreign country) Caldwell Co, Mo.
		12. CITIZEN OF WHAT COUNTRY US	

13a. FATHER'S NAME CHARLES F. Hibb	13b. MOTHER'S MAIDEN NAME MARTHA ZIEKHE	14. NAME OF HUSBAND OR WIFE OTTIS Hibb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME OTTIS Hibb ADDRESS Noeh, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ward Deacon, M.D. (Degree or title)	23b. ADDRESS Noel, Missouri	23c. DATE SIGNED 2-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-31-54	24c. NAME OF CEMETERY OR CREMATORY Noeh Cem	24d. LOCATION (City, town, or county) (State) Noeh Mo.
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DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE H. M. Humphrey ADDRESS Penwell, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer For ~~.....~~

District File Number 254-22

Date Filed FEB 19 1954

NEOSHO, MISSOURI

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 Maureen E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Princeton

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.