

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22232

FILED JUL 22 1954

State File No. 395

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|--|---|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff | | c. LENGTH OF STAY (In this place) 11 yr | | c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff | | d. STREET ADDRESS (If rural, give location) 515 Magnolia | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 515 Magnolia | | | | d. STREET ADDRESS (If rural, give location) 515 Magnolia | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel James b. (Middle) Hibbs c. (Last) _____ | | | 4. DATE OF DEATH 6-27-54 | | 4. DATE (Month) (Day) (Year) | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH April 15, 1873 | | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 48 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Store | | 11. BIRTHPLACE (State or foreign country) Stoddard Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE John Hibbs Poplar Bluff | | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Hibbs, Poplar Bluff, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Branchial Cystoma | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 mos. 7 yrs. | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION 4/200 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No. | | 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) _____ 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 8 April, 1946 , to 27 June, 1954 , that I last saw the deceased alive on 25 June, 1954 , and that death occurred at 7 A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Doctor Haverell MD | | | 23b. ADDRESS Poplar Bluff, Mo. | | | 23c. DATE SIGNED 7 July 1954 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-29-54 | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn | | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. | | |
| DATE REC'D BY LOCAL REG. 7/14/54 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Poplar Bluff, Mo. | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTER FATHER'S NAME

RECEIVED

JUL 19 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 6-27-54

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Fenchel

Licensed Embalmer No. 2936

P. O. Address Payson Bluff

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.