

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29971**
Registrar's No. **265**

BIRTH NO. **8742454** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Callaway	
b. CITY OR TOWN FULTON	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN CALLWOOD TWP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL		e. STREET ADDRESS (If rural, give location) R.F.D. FULTON 0140	

3. NAME OF DECEASED (Type or Print)	a. (First) EDDIE	b. (Middle) LINN	c. (Last) BIBBS	4. DATE OF DEATH (Month) (Day) (Year) SEPT 11 1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC 20/15	9. AGE (In years last birthday) 8 Months 21 Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (City and State or Foreign Country) CALLAWAY COUNTY MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME L.W. BIBBS	13b. MOTHER'S MAIDEN NAME Josephine CROCKETT	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME L.W. Bibbs	ADDRESS Fulton Mo
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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 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bacillary Dysentery		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		0454	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **20 Dec 1953**, to **11 Sept 54**, that I last saw the deceased alive on **26 June 1954**, and that death occurred at **1045 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.R. Gish	(Degree or title) M.D.	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 13 Sept 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept 14/54	24c. NAME OF CEMETERY OR CREMATORY UNITY	24d. LOCATION (City, town, or county) (State) Callaway County Mo
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DATE REC'D BY LOCAL REG. Sept 18-1954	REGISTRAR'S SIGNATURE Martha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Maupau F.H.	ADDRESS Fulton Mo
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(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.....
Signature of Student Embalmer

Signed *Harry H. Stewart*.....

Licensed Embalmer No. *377*.....

P. O. Address *Yellow*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.