

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11017**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **436**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 68 yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 1401 North 11th Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1401 North 11th Street		0117	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Lawrence c. (Last) Bibbins			4. DATE OF DEATH (Month) (Day) (Year) April 21 1955		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Sept. 23, 1886		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Poultry Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry J. Bibbins		13b. MOTHER'S MAIDEN NAME Hannah McKittrick		14. NAME OF HUSBAND OR WIFE Genevieve Bibbins	
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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. 491-10-2106		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Agnes Anderson-1401 N. 11-St St. Joseph, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Rheumatic Heart disease & Multiple Valve damage & Failure ANTECEDENT CAUSES DUE TO (b) Terminating <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) late duration			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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)		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 **5-2-1954** to **4-21-1955**, that I last saw the deceased alive on **4-18-1955**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 312 No 10 th St. City		23c. DATE SIGNED 4-25-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 23-'55		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. April 27, 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> St. Joseph, Mo.	
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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: *Wm. H. Alexander*

Licensed Embalmer No. *44*

P. O. Address *St. Jose*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.