

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32213

State File No.

FILED OCT 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>264</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Mo</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>University Hospital</u>				STREET ADDRESS (If rural, give location) <u>404 S. Third</u> 01050					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Jibbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 55</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>about 1884</u>			
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Mo Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
13a. FATHER'S NAME <u>Bob Jibbs</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Mary Jibbs</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W. Mrs. Mary Jibbs</u>		ADDRESS _____			
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, asthenia, 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) <u>Arteriosclerosis - cerebral</u>								<u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u>								<u>?</u>	
DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" 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 <u>Oct 7</u> , 19 <u>55</u> to <u>Oct 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>55</u> , and that death occurred at <u>5A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. A. Joleman M.D.</u>				23b. ADDRESS <u>University Hosp.</u>		23c. DATE SIGNED <u>Oct 10 - RAS</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 13 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 12, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Street P. Parker</u>		ADDRESS <u>Columbia Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Dean P. Parker*,
Licensed Embalmer No. *29*

P. O. Address *Columbus*

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.