

No. 300
10.48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34076**

BIRTH NO. _____ REG. DIST. NO. **214** PRIMARY REG. DIST. NO. **57780** Registrar's No. **82**

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

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meta		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meta Rural Jim Henry Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.ural		d. STREET ADDRESS (If rural, give location) 0660	

3. NAME OF DECEASED (Type or Print) Bonnie Joe Alberta Libbert			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1955		
a. (First)	b. (Middle)	c. (Last)	1. (Month)	2. (Day)	3. (Year)

5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never M	8. DATE OF BIRTH Mar. 7, 1947	9. AGE (In years last birthday) 8	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MINUTES 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Meta, Missouri		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Lionel Libbert	13b. MOTHER'S MAIDEN NAME Arharta Wieberg	14. NAME OF HUSBAND OR WIFE None
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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)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lionel Libbert	ADDRESS Meta, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EMERGENCY MEDICAL CERTIFICATION MEMBER HAD SHOCK		INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ABDOMINAL CONTENTS, GUN SHOT WOUND WITH 20 GAUGE SHOTGUN		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9190	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 19	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) FRONT YARD OF HOME	21c. (CITY, TOWN, OR TOWNSHIP) 066 (COUNTY) Miller (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 9 26 1955 4:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? SHOT BY 6 YR. OLD BROTHER
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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 **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.S. Humphrey, D.O. Coronar	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 10-1-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/28/55	24c. NAME OF CEMETERY OR CREMATORY St. Cecilia Catholic Church	24d. LOCATION (City, town, or county) (State) Meta, Missouri
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DATE REC'D BY LOCAL REG. 10-3-1955	REGISTRAR'S SIGNATURE John S. Solovictor	25. FUNERAL DIRECTOR'S SIGNATURE Walter C. Hughes	ADDRESS Wes-Funeral Home Inc Iberia, Mo.
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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

Walter P. Hedger

Licensed Embalmer No. *4260*

P. O. Address *Shrewsbury, Mass.*

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.