

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED DEC 2 1955**

State File No. **35930**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>5093</u>		Registrar's No. <u>21</u>				
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New Home Twp.</u>			c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rich Hill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>R.R. #1 Rich Hill, Mo. 0070</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Tibbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 25 - 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 26, 1884</u>		9. AGE (In years last birthday) (Months) (Days) <u>71</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indian Territory, Okla.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Toffimires</u>			13b. MOTHER'S MAIDEN NAME <u>Hester Dodson</u>			14. NAME OF HUSBAND OR WIFE <u>Althia Tibbs</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Althia Tibbs Rich Hill R R 1 Mo.</u>					ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic intestinal Obstruction</u>						<u>157X</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Collin abscess of Head with brain metastasis</u>								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6, 1955</u> , to <u>Nov 17, 1955</u> , that I last saw the deceased alive on <u>Nov 11, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Edna Douglas</u> (Degree or title) <u>Mrs</u>				23b. ADDRESS <u>State Bldg. Butler, Mo</u>				23c. DATE SIGNED <u>11/28/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Foster, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>11-30-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood - Butler Mo.</u> ADDRESS					

(Licensee Embalmer's Statement on Reverse Side)

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

2019

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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.....  
Signature of Student Embalmer

Signed *Robert G. Stump*.....

Licensed Embalmer No. *465*.....

P. O. Address *Butte, 1*.....

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.