

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26198**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) BRAYMER		c. LENGTH OF STAY (In this place) 19 YRS.	c. CITY OR TOWN BRAYMER
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY LIMITS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) CLARENCE ROBERT HIBNER		4. DATE OF DEATH (Month) (Day) (Year) 7/30/1956	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8/20/1888	9. AGE (In years last birthday) 68	If UNDER 1 YEAR Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER, COMMON		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) PROCTORVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM HIBNER	13b. MOTHER'S MAIDEN NAME HATTIE YANAWAY	14. NAME OF HUSBAND OR WIFE CORA HIBNER
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. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CORA HIBNER BRAYMER, MO.

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) Uremia		INTERVAL BETWEEN ONSET AND DEATH 36 hrs. several months several yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melastotic Cancer		
	DUE TO (c) Silicosis		
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 **July 23, 1956** to **July 30, 1956**, that I last saw the deceased alive on **July 30, 1956** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS Braymer, Mo.	23c. DATE SIGNED 8/1/56
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24a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL	24b. DATE 8/1/1956	24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	24d. LOCATION (City, town, or county) (State) BRAYMER, MO.
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DATE REC'D BY LOCAL REG. 8-28-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geneb. Michael, Braymer, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7
1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed..... *Lenes, Michael.*

Licensed Embalmer No. *43.*

P. O. Address. *Brayme*

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