

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31168**

FILED SEP 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 59

0500

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hillsboro</b>		c. LENGTH OF STAY (In this place) <b>3 mos</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Cedar Grove Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>Cedar Grove Nursing Home</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>J.</b> c. (Last) <b>BIBB</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 12, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25, 1872</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Campbelling, Kentucky</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Jenkins</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Voiers</b>	
14. NAME OF HUSBAND OR WIFE <b>Earl C. Bibb</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Raymond McCoy, Florissant, Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Airborne Liver +</b> DUE TO (c) <b>Arteriosclerosis (Generalized)</b> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
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) <b>581.0</b>	
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 <b>March 1, 1956</b> , to <b>Sept 12, 1956</b> that I last saw the deceased alive on <b>Sept 9, 1956</b> and that death occurred at <b>1:20 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John W. Dantz MD</b>		23b. ADDRESS <b>3606 Francis</b>	
23c. DATE SIGNED <b>9-12-56</b>		24a. BURNAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9-15-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carrollton Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Carrollton, Kentucky</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WHITE CHAPEL, FERGUSON, MISSOURI</b>	
DATE RECD BY LOCAL REG. <b>9-20-56</b>		REGISTRAR'S SIGNATURE <b>Oliver B. ...</b>	

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

DATE RECEIVED

SEP 20 1956

**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 *Eleanor Province*

Licensed Embalmer No. *3402*

P. O. Address *Linnings*

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.