

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31294

State File No.

FILED OCT 1 - 1956

BIRTH NO.		REG. DIST. NO. <u>177</u>		PRIMARY REG. DIST. NO. <u>5768</u>		Registrar's No. <u>111</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clark</u>		c. LENGTH OF STAY (in this place) <u>9 yr.</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi S.W. of Troy Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>2 mi S.W. of Troy Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HURLEY</u>		b. (Middle) <u>BASCOMB</u>		c. (Last) <u>BIBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 30, 1868</u>	
9. AGE (in years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Thomas Bibb</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Margaret Bibb</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>491-16-9684A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John W Bibb</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic uremic poisoning</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C.O. of prostate</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug. 8, 1956</u> to <u>Sept 14, 1956</u> , that I last saw the deceased alive on <u>Sept. 12, 1956</u> , and that death occurred at <u>2.30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. L. Kelley</u>				23b. ADDRESS <u>D.O. Troy Mo.</u>		23c. DATE SIGNED <u>Sept 24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 16, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elsherry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elsherry Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 29-56</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Coy</u>		ADDRESS <u>Troy Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

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.....

Wayne M. C. C.
Licensed Embalmer No. *358*

P. O. Address *Tracy Ind.*

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.