

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6258 State File No. 32958

REG. DIST. NO. 370-6258 PRIMARY REG. DIST. NO. 370 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>WAYNE</b>	
b. CITY OR TOWN <b>GREENVILLE</b>	c. LENGTH OF STAY (in this place) <b>10 1/2</b>	c. CITY OR TOWN <b>GREENVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <b>1110</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>MARGARET</b> c. (Last) <b>LIBLA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 5 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>FEB 19, 1874</b>
9. AGE (In years last birthday) <b>82</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>AUGUSTA MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>HENERY-SCHNITKER</b>	13b. MOTHER'S MAIDEN NAME <b>WILHELMINA-ROTTGER</b>	14. NAME OF HUSBAND OR WIFE <b>ROBERT-LIBLA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RETA HOLMES GREENVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>1 yr</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>163x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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>June</b> 19 <b>56</b> , to <b>OCT 5</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>OCT 5</b> , 19 <b>56</b> , and that death occurred at <b>3:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John T. Wagner M.D.</b>		23b. ADDRESS <b>Greenville MO</b>	23c. DATE SIGNED <b>OCT 8-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>OCT 7-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WESLEY CHAPEL</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR HIRAM MO</b>
DATE REC'D BY LOCAL REG. <b>OCT 8 1956</b>	REGISTRAR'S SIGNATURE <b>Reta M. Zward</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Manning S. Bowler Greenville MO</b>	

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

950

RECEIVED  
Oct. 8, 1956  
WAYNE CO. HEALTH CENTER  
FILE NO.

OCT 19 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 me, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Martin E. Bowles

Licensed Embalmer No. 442

P. O. Address Bedmont

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.