

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19614**

No. 300
10.48

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1296**

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Louis	
b. CITY OR TOWN RICHMOND HEIGHTS		c. CITY OR TOWN RICHMOND HEIGHTS	
c. LENGTH OF STAY (in this place) 30 Hrs		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 ST. MARY'S Hosp.		e. STREET ADDRESS (If rural, give location) 7200 NASHVILLE	

3. NAME OF DECEASED (Type or Print) WILLIAM D. HIBBARD			4. DATE OF DEATH MAY 18 1957		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 9 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS Hours	IF UNDER 24 HRS Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Singer Sewing		11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE MARGARET HIBBARD	
--------------------------------	--	---------------------------------------	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME PAULA MARE ADDRESS 7200 NASHVILLE	
--	--	-------------------------------------	--	---	--

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease		10-20 yrs.	
		DUE TO (c) Artic Aneurysm		10 yrs.	
		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 4221		20. AUTOPSY? 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 <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 **5 April 1957**, to **13 May 1957**, that I last saw the deceased alive on **13 May 1957**, and that death occurred at **1:30 p.m.**, from the causes and on the day stated above.

23a. SIGNATURE (Degree or title) Raymond K. Emerson, M.D.		23b. ADDRESS 1695 Brentwood Blvd Brentwood 17, Mo.		23c. DATE SIGNED 20 May 1957	
--	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE MAY 22 1957		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
--	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 5-20-57		REGISTRAR'S SIGNATURE Herbert B. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuttie ADDRESS 2906 Graves	
---	--	---	--	--	--

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

1695 Hawthorne
Wb. 1-6387
2-4 PM Monday

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 *Leo J. Budde*.....
Licensed Embalmer No. *398*
P. O. Address *St. Louis,*.....

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.