

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**31620**

STATE FILE NUMBER

FILED SEP 16 1957

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEST PLAINS</b>		c. CITY OR TOWN <b>WEST PLAINS</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MASK REST HOME</b>		d. STREET ADDRESS (If outside, give location) <b>MISSOURI AVE.,</b>	
3. NAME OF DECEASED (Type or print) <b>MINNIE THERESA KIBBLE</b>		4. DATE OF DEATH Month <b>7</b> Day <b>18</b> Year <b>57</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-16-1878</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	9c. AGE (In years last birthday) <b>79</b>
10a. FATHER'S NAME <b>THOS. COOK</b>		10b. MOTHER'S MAIDEN NAME <b>ELLEN FLESHER</b>	10c. NAME OF HUSBAND OR WIFE <b>X</b>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>X</b>		12. SOCIAL SECURITY NO. <b>X</b>	13. INFORMANT <b>GLADYS HOLT, WEST PLAINS, MO</b>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>aortic Regurgitation</b>		<b>10 years</b>	
DUE TO (c) <b>Essential Hypertension</b>		<b>15 years</b>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4211</b>		15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>6-7-57</b> to <b>7-18-57</b> and last saw her alive on <b>7-17-57</b> Death occurred at <b>11:00 AM</b> <b>7-18-57</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. Richard A. Smith D. O.</b>		22b. ADDRESS <b>West Plains, Mo.</b>	
22c. DATE SIGNED <b>8-30-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	
23b. DATE <b>8-21-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>	
23d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO</b>		24. FUNERAL DIRECTOR ADDRESS <b>ROBERTSONS, WEST PLAINS, MO</b>	
25. DATE RECD. BY LOCAL REG. <b>8-10-57</b>		26. REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 17 1957

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 *D. Roberts* .....

Licensed Embalmer No. *3172* .....

P. O. Address *Ann Arbor* .....

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.