

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21803-58

58-012831

STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 39

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Saline</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural - Marshall</b>		c. CITY OR TOWN <b>Rural - R.4 Marshall</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 way to Slater, Mo.</b>		d. STREET ADDRESS <b>1/2 way between N. &amp; Slater, Mo.</b>	
Length of stay in 1b <b>2 Days</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Marilyn</b> Middle <b>Kay</b> Last <b>Hibbard</b>			Month <b>3</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 10 - 1958</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR
			Months <b>2</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>No</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Marshall, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Russell Hibbard</b>			14. MOTHER'S MAIDEN NAME <b>Leota Faye Patton Bonner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Russell Hibbard - #4 Marshall, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>S. tetanus neonatorum gravis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>60 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. 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 _____ a. m. _____ p. m. _____			<b>2</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>march 9 '58</b> to <b>march 11 '58</b> and last saw her alive on <b>march 11 '58</b> Death occurred at <b>3 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Richard D. Umckles D.O.</b>			22b. ADDRESS <b>Marshall, Mo</b>		22c. DATE SIGNED <b>3-11-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>	23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>J. Leslie Sweeney - Marshall, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-13-58</b>	26. REGISTRAR'S SIGNATURE <b>Carol H. Read</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 300-56, Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms etc. be listed. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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..... *William Free*

Licensed Embalmer No...*4.1*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.