

FILED APR 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015014
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 222

300
1-57
661

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELDON</u> <u>0661</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>203-W-8th</u>		Length of stay in lb <u>45443</u>	d. STREET ADDRESS (If outside, give location) <u>203-W-8th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Maggie - CALISTA - Hibdon</u>			4. DATE OF DEATH Month Day Year <u>March - 30 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>24 Nov - 1878</u>	9. AGE (In years at birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state or county) <u>California - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin Jenkin</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-FRANCIS Skilley</u>		14. NAME OF HUSBAND OR WIFE <u>W^m Henry Hibdon</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Ethel-Craig - ELDON - Mo</u> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u>	
		DUE TO (c) <u>Arteriosclerosis</u> <u>443X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

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.) <u>NONE</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>NONE</u> p.m.		20d. INJURY OCCURRED WHILE AT <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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>	

21. I attended the deceased from Dec. 8, 1957 to March 30, 1958 and last saw her alive on March 29, 1958
Death occurred at 9:45 o'clock p on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert E. Mason Do J</u> (Degree or title)	22b. ADDRESS <u>Lake Ozark Mo</u>	22c. DATE SIGNED <u>3/31/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL -</u>	23b. DATE <u>2 April - 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>	23d. LOCATION (City, town, or county) (State) <u>ELDON Mo</u>
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24. FUNERAL DIRECTOR <u>Keith Mays</u> ADDRESS <u>Eldon Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 1, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Cal Warratta Waltz</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

APR 23 '58

Miller County
Health Department

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 *Keith M. Kays*
Licensed Embalmer No. *3998*
P. O. Address *Eldon, Mo.*

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.