

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016015

STATE FILE NUMBER

FILED APR 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3821

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Ann 4076	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		d. STREET ADDRESS 27 3685 Elsa (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK S. KIBLER		4. DATE OF DEATH Month Day Year APRIL 4, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor		10b. KIND OF BUSINESS OR INDUSTRY Plastering	11. BIRTHPLACE (City and state or country) Illinois 1
13a. FATHER'S NAME Albert N. Kibler		13b. MOTHER'S MAIDEN NAME Margaret Deffenbaugh	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 43-035-3895	
17. INFORMANT Geraldine Kibler		Address 3685 Elsa	
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>POST-OPERATIVE ADRENAL INSUFFICIENCY</u>			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF PANCREAS WITH METASTASES TO LUNGS, ADRENAL AND ABDOMINAL CAVITY</u>			1 YEAR
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 checked="" type="checkbox"/> NO <input 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.) 157 X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <u>MARCH 31, 1958</u> to <u>APRIL 4, 1958</u> and last saw her/him alive on <u>APRIL 4, 1958</u> Death occurred at <u>2:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. Vermillion, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 4/5/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-7-58	
23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Collier Mortuary		ADDRESS St. Ann, Mo.	
25. DATE RECD. BY LOCAL REG. APR 5 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith - md</i> acm	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
STATEMENT BY LICENSED EMBALMER

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STATE OF MISSISSIPPI

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 *Sheldon Collier* .....

Licensed Embalmer No. *3382*  
P. O. Address *St. Ann M*

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.