

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026291

STATE FILE NUMBER

FILED AUG 8 1958

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 30-58

300
1-57
3

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before (institution)) a. STATE Missouri b. COUNTY Morgan		
b. CITY OR TOWN Equality		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Versailles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 M. N. Tusculumbia Transit		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) S. Ross St.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Philip Wayne Hibdon			4. DATE OF DEATH Month Day Year July 26, 1958		
5. SEX Male	6. COLOR OR RACE Cal.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1934		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. of Corrections		10b. KIND OF BUSINESS OR INDUSTRY Mo.	11. BIRTHPLACE (City and state or country) Versailles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Curtis Hibdon		13b. MOTHER'S MAIDEN NAME Marie Lee		14. NAME OF HUSBAND OR WIFE Pat Hibdon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 10-7-52 to 6-3-58		16. SOCIAL SECURITY NO. 488-34-9416	17. INFORMANT Mrs. Pat Hibdon		Address Versailles, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK AND HEMORRHAGE DUE TO (b) CRUSHING INJURIES TO THORAX AND DUE TO (c) CONTENTS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MULTIPLE FRACTURES AND ATELECTASIS					INTERVAL BETWEEN ONSET AND DEATH 5 MIN.
20a. ACCIDENT <input checked="" 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.) AUTO ACCIDENT. FELL OUT OF AUTO. AUTO ROLLED OVER BODY			
20c. TIME OF INJURY 4:00 p.m.		Month, Day, Year 7-26-58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. Highway No 17		20f. CITY, TOWN, OR LOCATION 666 MILLER COUNTY Mo. STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. S. Humphreys, D.O. Coroner 3			22b. ADDRESS Tusculumbia, Mo.		22c. DATE SIGNED 7-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 30 July 58	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		23d. LOCATION (City, town, or county) Versailles, Mo. (State)
24. FUNERAL DIRECTOR W. F. Kidwell		ADDRESS Versailles, Mo.		25. DATE RECD. BY LOCAL REG. July 28, 1958	26. REGISTRAR'S SIGNATURE Mrs. H. E. Kallenbach

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Secretary, coroner, or registrar must use only standard non-removable ink in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

RECEIVED

AUG 4 '58

Miller County
Health Department

AUG 14 1958

SEP 12 1958

AUG 11 1958

AUG 30 1958

AUG-8
1958

AUG 8 8 1958

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 *Raymond C. Loder*

Licensed Embalmer No. 4626
P. O. Address Versailles, 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.