

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031817  
STATE FILE NUMBER

42

1000

1077

REC OCT 14 1958

Registration District No. Primary Registration District No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 0117		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Length of stay in lb 49 Yrs		d. STREET ADDRESS 2217 South 11th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) BRIDGETT L. HIBLER				4. DATE OF DEATH Month Day Year Oct. 5, 1958									
5. SEX Female		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 January 20, 1879		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Chillicothe, Mo.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Mike DeLoughery				13b. MOTHER'S MAIDEN NAME Bridgett Cain				14. NAME OF HUSBAND OR WIFE August Hibler					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT August Hibler 2217 So. 11th City							
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>Hypertensive Arteriosclerotic cardio-vascular renal disease &amp; failure</u> DUE TO (b) <u>Nephrolithiasis left</u> DUE TO (c) <u>Intra capsular fracture left femur 1954</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH ? ?					
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 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 12-31-53 to 10-5-58 and last saw her alive on 10-5-58 Death occurred at 4 P m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Wm B. Roast</i> (Degree or title)						22b. ADDRESS 316 No 10th St Joseph Mo			22c. DATE SIGNED 10-6-58				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 8, 58		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery			23d. LOCATION (City, town, or county) St. Joseph, Mo.			(State)			
24. FUNERAL DIRECTOR <i>Herman Wm Sidenfaden</i> ADDRESS St. Joseph, Mo				25. DATE RECD. BY LOCAL REG. Oct. 7, 1958		26. REGISTRAR'S SIGNATURE <i>Robt Clark Woodell</i>							

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.  
Dr. Wm B. Roast

(Licensed Embalmer's Statement on Reverse Side)

*Dr. Root*

**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 *Robert L. Gypch* .....

Licensed Embalmer No. 3308 .....  
P. O. Address St. Joseph, 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.