

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044163

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6200

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <del>Missouri</del> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Length of stay in lb <b>50 yrs</b>	d. STREET ADDRESS <b>1300 Elmwood</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Hibbs DAVE</b> Middle Last <b>Dave HIBBS.</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>29</b> Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-15-90</b>		9. AGE (In years last birthday) <b>68</b> 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) <b>TRUCKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>		11. BIRTHPLACE (City and state or country) <b>PETERSBURG ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Dave Hibbs Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Pantier</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MRS. IRENE MOUNTROY</b>		Address <b>1300 Elmwood K.C. 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>Laennica Cirrhosis-Hepatural Syndrome</b> DUE TO (b) <b>Above</b> DUE TO (c) <b>5811</b>	
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"/> <b>2</b>		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 <b>December 17, 1958</b> to <b>December 29, 1958</b> last saw her alive on <b>12-29-58</b> Death occurred at <b>Dec. 29th, 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Abraham Gelperin</b>		(Degree or title) <b>0</b>		22b. ADDRESS <b>K.C. General Hospital</b>	
22c. DATE SIGNED <b>12-30-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-2-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEMETERY</b>		23d. LOCATION (City, town, or county) <b>Kansas City Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Sheila FUNERAL HOME Kc. Mo</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-30-58</b>	
26. REGISTRAR'S SIGNATURE <b>Irene Mountroy</b>					

Abraham Gelperin Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No.....

P. O. Address .....

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.