

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002145

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 4-59

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-57

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) <u>Tuscumbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELDON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphrey-Hospital-</u>		Length of stay in 1b <u>9 days</u>	d. STREET ADDRESS (If outside, give location) <u>1 mi-S-E-ELDON</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Madison Chibourn</u>			4. DATE OF DEATH Month Day Year <u>JAN-23-1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>13 APRIL-1883</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	11. BIRTHPLACE (City and state or country) <u>Camden-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John-Chibourn-</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA-JANE-Templeton</u>		14. NAME OF HUSBAND OR WIFE <u>Effie-May-Chibourn</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 Address <u>Effie-May-Chibourn ELDON-MO</u>	
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>Myocarditis Chronic + Bro Pneumonia</u> DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) _____ 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 <u>years 1 day</u>
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. p.m. <u>NONE</u>					
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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>	
21. I attended the deceased from <u>1-15-59</u> to <u>1-23-59</u> and last saw <sup>her</sup> him alive on <u>1-23-59</u> Death occurred at <u>11:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M. E. Humphreys DO</u>			22b. ADDRESS <u>Tuscumbia-Mo</u>		22c. DATE SIGNED <u>26 JAN 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>26 JAN-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SALEM</u>		23d. LOCATION (City, town, or county) (state) <u>MILLER-Co-Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Keith M. Rays ELDON-MO</u>		25. DATE RECD. BY LOCAL REG. <u>January 26, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. E. Kallenbach</u>		

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 *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.