

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018359

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 49

300
-57

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rutledge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>		Length of stay in lb <u>13 days</u>	d. STREET ADDRESS (If outside, give location) <u>no street number</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Pearle Lee Tibbs</u>			4. DATE OF DEATH Month Day Year <u>May 21, 1959</u>		
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5. SEX <u>Female</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>Nov. 12, 1895</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>6 9</u>	IF UNDER 24 HRS. Hours Min. <u>6 9</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Rutledge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Stapleton</u>	14. NAME OF HUSBAND OR WIFE <u>John Tibbs</u>
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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
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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>Osteosarcoma of Pelvis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
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"/>

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>1966</u>
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	
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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
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21. I attended the deceased from <u>Dec 21 1958</u> to <u>May 21 1959</u> and last saw her alive on <u>May 21 1959</u> Death occurred at <u>11:30 AM</u> on the <u>21st</u> day of <u>May</u> 19 <u>59</u> at the <u>place</u> stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>H. H. Potter</u> (Degree or title) <u>Dr.</u>	22b. ADDRESS <u>Brookfield, Mo.</u>	22c. DATE SIGNED <u>5-21-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Paulsine Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rutledge, Missouri</u>
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24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-23-59</u>	26. REGISTRAR'S SIGNATURE <u>Kathaline Johnson Dep.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be covalely 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 *Gerald I. Wady*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.