

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN - 4 1960

'59 0 4 3 3 8 9

042

1000

1299

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

UNDECEASED

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		Length of stay in 1b 7 Yrs	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3016 Faraon St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3016 Faraon St.

3. NAME OF DECEASED (Type or print) First DORA Middle Last GRAVES	4. DATE OF DEATH Month December Day 25, Year 1959
--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
------------------	---------------------------	---	-------------------------------	------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY St Home	11. BIRTHPLACE (City and state or country) Nodaway Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
--	--	--	------------------------------------

13a. FATHER'S NAME Jefferson Tibbetts	13b. MOTHER'S MAIDEN NAME Emeline Tibbetts	14. NAME OF HUSBAND OR WIFE Thomas
--	---	---------------------------------------

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 Ethel Agenstein	Address 3016 Faraon 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) <i>Pneumonia Bronchial</i> DUE TO (b) <i>Chr passive congestion</i> DUE TO (c) <i>Coronary Insufficiency</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>30 day</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
---	---	--

20c. TIME OF INJURY Hour Month, Day, Year
--

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 Feb 1958 to Dec 1959 and last saw her alive on 25 Dec 1959  
Death occurred at 9:45p on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>J.L. Motherhead</i> (Degree or title)	22b. ADDRESS <i>2603 Fredrick</i>	22c. DATE SIGNED <i>12-26-59</i>
--	--------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-26-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ohio Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Burlington Jct., Mo.</i>
---	------------------------------	--	--

24. FUNERAL DIRECTOR <i>H.O. Sidenshain &amp; Son</i> <i>R.R. 4.</i>	ADDRESS <i>St Joseph, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Dec. 26, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>
--	---------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

J.L. Motherhead, M.D. CERTIFICATION

*Dr. Mortimer*

**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 H. Zapli  
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.