

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 5 5 9

FILED VS. DEC 28 1959 347
 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Eye		Length of stay in 1b		c. CITY OR TOWN Near Lampe, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Blue Eye, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) above		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GARLAND Middle Last TIBBETS				4. DATE OF DEATH Month Dec. Day 11 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-6-1939	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker			10b. KIND OF BUSINESS OR INDUSTRY House Building		11. BIRTHPLACE (City and state or country) Blue Eye, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Delbert Tibbets			13b. MOTHER'S MAIDEN NAME Ina Gallion			14. NAME OF HUSBAND OR WIFE None			
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. Yes		17. INFORMANT Address Delbert Tibbets—Lampe, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Dead on Arrival									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull Fracture as Result of Automobile Accident									
DUE TO (c)									
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 checked="" 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.) Automobile Accident							
20c. TIME OF INJURY Hour 7:00 am. p.m. Month, Day, Year Dec. 11 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway		20f. CITY, TOWN, OR LOCATION Blue Eye		COUNTY Stone	STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:30 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Thomas F. Jones</i> (Degree or title) M.D.				22b. ADDRESS Berryville, Arkansas				22c. DATE SIGNED 12-17-59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-16-59	23c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery		23d. LOCATION (City, town, or county) Blue Eye, Missouri				
24. FUNERAL DIRECTOR Nelson Funeral Home—Berryville, Ark.				25. DATE RECD. BY LOCAL REG. Dec. 21-59		26. REGISTRAR'S SIGNATURE <i>Mr. J. Bruce Crossen</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9005

STATEMENT BY LICENSED EMBALMER

JAN 8 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address: Berryville, 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.