

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016147

FILED VS MAY 5 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 171 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Length of stay in 1b 8 DAYS	c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 310 North MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dr JOHN Middle HALBERT Last KIBBE			4. DATE OF DEATH Month APRIL Day 26th Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10b. KIND OF BUSINESS OR INDUSTRY MEDICAL DOCTOR	11. BIRTHPLACE (City and state or country) GRANT CITY, MISSOURI.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JOHN HENRY KIBBE		13b. MOTHER'S MAIDEN NAME CLARA ROBERTSON		14. NAME OF HUSBAND OR WIFE ABBIE H KIBBE		
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. NO	17. INFORMANT <i>Mr Abbie H Kibbe Monroe City, Mo</i> Address			
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>Cerebral hemorrhage</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) 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					INTERVAL BETWEEN ONSET AND DEATH	
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 _____ a.m. _____ p.m. Month, Day, Year _____						
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from <u>22 April 1960</u> to <u>26 April 1960</u> and last saw her/him alive on <u>26 April 1960</u> Death occurred at <u>7:45 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Wynell Hamlin MD</i>			22b. ADDRESS <i>Hannibal Mo.</i>		22c. DATE SIGNED <i>4/28/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-29-1960	23c. NAME OF CEMETERY OR CREMATORY STJUDES CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI			
24. FUNERAL DIRECTOR <i>Wilson Sons Monroe City, Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>4/30/60</i>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke by Lillian M. Herman</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jessie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Urbana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.