

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

**=60-022945**

FILED VS JUL 11 1960

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 113 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in 1b <u>50 yrs</u>	c. CITY OR TOWN <u>Trenton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED IN HOSPITAL OR INSTITUTION <u>Neale's Nursing Home</u> <u>1411 Main St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2402 Lulu St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GLENN Middle EARL Last TIBBETTS

4. DATE OF DEATH Month July Day 1 Year 1960

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 6, 1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____
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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>farm</u>	11. BIRTHPLACE (City and state or country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME Samuel Tibbetts 13b. MOTHER'S MAIDEN NAME Rosina Westfall 14. NAME OF HUSBAND OR WIFE Susan Tibbetts, Deceased

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. 497-14-9538 17. INFORMANT Address N. E. Tibbetts, Plymouth, Ind.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) General Carcinomatosis  
DUE TO (b) Cancer of Colon  
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)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 Jan 60 to Jan 160 and last saw her alive on June 30 '60  
Death occurred at 7:52 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE EJ Zucias MD (Degree or title) 22b. ADDRESS Trenton Mo 22c. DATE SIGNED 7/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 3, 1960 23c. NAME OF CEMETERY OR CREMATORY P.O.O.F. Cemetery 23d. LOCATION (City, town, or county) (State) Edinburgh, Missouri

24. FUNERAL DIRECTOR Donald H. Slater ADDRESS Trenton, Missouri 25. DATE RECD. BY LOCAL REG. 7/5/60 26. REGISTRAR'S SIGNATURE Drene Jau

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald A. Slater  
Licensed Embalmer No. 4467

P. O. Address Trenton, Miss

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.