

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

**-60-037659**

FILED VS OCT 25 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 289

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Callaway</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Callaway</b>	admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fulton</b>	Length of stay in 'lb <b>15 yrs.</b>	c. CITY OR TOWN <b>Fulton</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>303 W. 8th</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>303 West 8th</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Mary</b>	Middle <b>Ann</b>	Last <b>Kibby</b>	4. DATE OF DEATH	Month <b>Oct.</b>	Day <b>16</b>	Year <b>1960</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7/30/1899-61</b>	9. AGE (last birthday)	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) <b>housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Callaway County, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Andrew Kibby</b>	13b. MOTHER'S MAIDEN NAME <b>Miltida Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Bert Glover</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT <b>Miss. Lura Kibby, Fulton, Missouri</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Coronary infarct (thrombosis)</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary arterio sclerosis</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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 <b>Fulton</b>	COUNTY <b>Callaway</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>July 2, 1960</b> and last saw her alive on <b>Sept 27, 1960</b> Death occurred at <b>about 4 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Martha Lawrence</b> (Degree or title)	22b. ADDRESS <b>Fulton Mo.</b>	22c. DATE SIGNED <b>10/18/60</b>
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23a. BURIAL, (Specify) <b>Oct. 19, 60</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>White Cloud Cemetery</b>	23d. LOCATION (City, town, or county) <b>Callaway County, Missouri</b>
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24. FUNERAL DIRECTOR <b>George H. Green, Fulton Mo.</b>	ADDRESS <b>Fulton Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 19 - 1960</b>	26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 George H. Green

Licensed Embalmer No. 472

P. O. Address Dillon

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