RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

-60-043025

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 400

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1910 Fairview Court — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1910 Fairview Court — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Jessie Middle Viola Last Dibbern
4. DATE OF DEATH: Month Nov. Day 28 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 9-1-1873
9. AGE (last birthday): 87
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): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Rock Island Co. Ill
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Samuel W. Heath
13b. MOTHER'S MAIDEN NAME: Nancy Cunningham
14. NAME OF HUSBAND OR WIFE: Harry S. Dibbern
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Harry Lindstrom Address 1910 Fairview Court Sedalia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 90 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis &
DUE TO (c) hypertension
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

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 9-26-60 to 11-28-60 and last saw her alive on 11-28-60
Death occurred at 4:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A V Boyer (Degree or title) MD
22b. ADDRESS Sedalia Mo
22c. DATE SIGNED 11/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-29-60
23c. NAME OF CEMETERY OR CREMATORY: Chippahanock
23d. LOCATION (City, town, or county) (State): Milan Ill.
24. FUNERAL DIRECTOR: McLaughlin Bros. ADDRESS: Sedalia
25. DATE RECD. BY LOCAL REG.: Nov 29 1960
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 7 1980

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 K.P.M. Gra

Licensed Embalmer No. 3152

P. O. Address Sedal

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