

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

**FILED VS DEC 6 1960**

**-60-043079**

Registration District No. 218 Primary Registration District No. 3054 Registrar's No. 143 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana, Mo.</b>		Length of stay in 1b <b>1da.</b>		c. CITY OR TOWN <b>Bowling Green, Mo.</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>Pike Co. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>815 S. Court</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Opal</b> Middle <b>Earl</b> Last <b>Bibb</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>26,</b> Year <b>1960</b>							
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-12-1892</b>	9. AGE (last birthday) <b>68</b>	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) <b>House-wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>		11. BIRTHPLACE (City and state or country) <b>Cyrene, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>William Porter Burks</b>			13b. MOTHER'S MAIDEN NAME <b>Nash Burkholder</b>			14. NAME OF HUSBAND OR WIFE <b>Ray Bibb</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <b>NO *****</b>			16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT Address <b>Ray Bibb, Bowling Green, Mo.</b>						
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>Coronary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Refractive Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>8 H -</u> <u>not known</u> <u>" "</u>				
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 Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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>8 a.m. 11-26-60</u> to <u>12:30 P.M. 11-26-60</u> and last saw her alive on <u>Nov 26/60</u> Death occurred at <u>12:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>H. L. Riggs, Jr.</u> (Degree or title)					22b. ADDRESS <u>Louisiana Mo</u>			22c. DATE SIGNED <u>11-27-60</u> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1129-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>			23d. LOCATION (City, town, or county) <b>Pike Co. Mo.</b>				
24. FUNERAL DIRECTOR <b>Harold Kirks, Bowling Green, Mo</b> ADDRESS					25. DATE RECD. BY LOCAL REG. <b>Nov 29-60</b>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>				

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

*Harold Kirk*

Licensed Embalmer No. 459

P. O. Address Bowling

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.