

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032087  
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5172 Registrar's No. 232

AMENDED

FILED OCT 5 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Callaway</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Rural Shamrock Twp</u>  |  | Length of stay in 1b<br>Years   | c. CITY OR TOWN <u>Wellsville</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Route # 1</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Edward</u> Last <u>Hibbert</u>  |  |   | 4. DATE OF DEATH<br>Month <u>Sept</u> Day <u>25</u> Year <u>1961</u>   |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6/11/1884</u>   | 9. AGE (last birthday)<br><u>77</u>  | IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HR<br>Hours Min.                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Callaway Co. Mo</u>   |   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  | 13a. FATHER'S NAME<br><u>Tom Hibbert</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary B. (unknown)</u>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Unk</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                    |  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT<br><u>Herman Hibbert</u>  |  | Address<br><u>Wellsville, Mo.</u>   |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Natural Causes</u>   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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>Approx 4:15 P.M.</u> to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>W. A. Lawrence Sheriff Act. Coroner Callaway Co</u>  |  |   | 22b. ADDRESS   |  | 22c. DATE SIGNED<br><u>9/27/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Sept. 27, 1961</u>     | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wellsville Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Wellsville Mo</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Howard F. Myers, Wellsville, MD</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Sept. 27-1961</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Maretta Lawrence</u>   |   |

1961 9 100

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo

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.