

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1068

STATE FILE NUMBER

DATE PRINTED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph, Missouri</u>		c. CITY OR TOWN <u>St. Joseph, Missouri</u>	
Length of stay in 1b <u>35 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #2</u>		d. STREET ADDRESS <u>3010 Seneca Street</u>	
3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>EDGAR</u> Last <u>TIBBETTS</u>		4. DATE OF DEATH Month <u>October</u> Day <u>22</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 15, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer in Antique</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Antique Dealer</u>	9. AGE (last birthday) <u>65</u>
11. BIRTHPLACE (City and state or country) <u>Elmo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George A. Tibbetts</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Kinman</u>	
14. NAME OF HUSBAND OR WIFE <u>Aurie May Tibbetts</u>		17. INFORMANT Address <u>Mrs. Aurie May Tibbetts-3010 Seneca St.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW #1</u>		16. SOCIAL SECURITY NO.	
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 Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>	
DUE TO (b) <u>General Arteriosclerosis</u>		<u>Over 1 year</u>	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Froncho Pneumonia</u>		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	
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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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>June 1, 1961</u> to <u>Oct. 22, 1961</u> and last saw ^{her} him alive on <u>Oct. 22, 1961</u> Death occurred at <u>7:45 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clifton Smith M.D.</u>		22b. ADDRESS <u>State Hospital #2</u>	22c. DATE SIGNED <u>10/22/1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 25, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 24, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Standell</u>

MEDICAL CERTIFICATION

L. Smith, M.D.

1961 T & 100

DEC 19 1961
JAN 4 1962

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 Raymond A. Brown

Licensed Embalmer No. 5147

P. O. Address St Joseph 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.