

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000318

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 66

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 28 1963

VS 300	DATE AMENDED	
Rev. 4/59		
15117		
25117		
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2203X	INSTEAD OF	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
ITEM NO. SHOULD READ		
BY AFFIDAVIT OF		

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> COUNTY <u>Buchanan</u>									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b <u>64 Years</u>		c. CITY OR TOWN <u>St. Joseph</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>Meth. Hosp. & Med. Cen.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2223 Angelique St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Beatrice</u> Middle <u>Dayton</u> Last <u>Bibbins</u>				4. DATE OF DEATH Month <u>January</u> Day <u>19</u> Year <u>1963</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 30, 1895</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator Operator (Ret)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Public Bldg.</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kans.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Henry Dayton</u>				13b. MOTHER'S MAIDEN NAME <u>Rosa Campbell</u>				14. NAME OF HUSBAND OR WIFE <u>William Bibbins</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>				16. SOCIAL SECURITY NO. <u>49</u>		17. INFORMANT Address <u>Mrs Ethel L. Brown, 2223 Angelique City</u>							
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Organic Heart Disease</u> DUE TO (c) <u>Multiple Myeloma</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>6 hours</u> <u>3 months</u> <u>1 year</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 <u>11:55</u> a.m. p.m. Month, Day, Year <u>June 1961</u>				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 <u>St. Joseph, Missouri</u>		COUNTY <u>Missouri</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>June 1961</u> to <u>Jan. 19, 1963</u> and last saw <u>her</u> alive on <u>Jan. 19, 1963</u> Death occurred at <u>11:55 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
22a. SIGNATURE (Degree or title) <u>Allen Sperman M.D.</u>				22b. ADDRESS <u>706 Francis St. Joseph, Mo.</u>				22c. DATE SIGNED <u>1-22-63</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 22, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>							
24. FUNERAL DIRECTOR <u>Wm. H. Alexander</u>				ADDRESS <u>St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 25, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Hodell</u>					

(Licensed Embalmer's Statement on Reverse Side)

Permitted 1/22/63

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STATEMENT BY LICENSED EMBALMER

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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 Wm. H. Alexander

Licensed Embalmer No. 4450

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.