THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

4218 STATE FILE NUMBER 8457

Registration District No. 137 Primary Registration District No. 3-0-2-3 Registrar's No. 429

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Rest Home — Length of stay in 1b 18 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Windsor 64293 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) Gen. Delivery — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First MARIAH Middle — Last HARBIT

4. DATE OF DEATH: Month March Day 31 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ✓ **DIVORCED** ☐

8. DATE OF BIRTH: March 24 1867

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 0 Days 7 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Caledonia Ill

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Henry Hibbard

14. MOTHER'S MAIDEN NAME: Mary Jane Carl

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.: no

17. INFORMANT Address: Mrs R.C. Healey Macon Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Hypostatic Pneumonia	Abt. Wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	Abt. Mo.
DUE TO (c)	arteriosclerotic Ht. Disease.	Abt. yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓ 2

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 July 16, 57 to Mar 24, 57 and last saw her/him alive on 24 Mar 57
Death occurred at 8:30 a.m. 3-30-57 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gordon Wm. Griffey MD

22b. ADDRESS: 114 N. Main Windsor Mo

22c. DATE SIGNED: 10 Apr 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 2, 1957

23c. NAME OF CEMETERY OR CREMATORY: Laurel Oaks

23d. LOCATION (City, town, or county) (State): Windsor Mo.

24. FUNERAL DIRECTOR SCHABERG FUNERAL HOME ADDRESS 214 SO. SECOND PH. 454 Clinton Mo.

25. DATE RECD. BY LOCAL REG.: 4-2-57

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....F. L. Schaberg.....

Licensed Embalmer No. 45

P. O. Address Clinton

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