

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30171  
Registrar's No. 1448

Registration District No. 784 Primary Registration District No. 106

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Fairwood  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME CLARENCE TIBBITTS 132  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Wh  
6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Blanche Tibbitts  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Dec 29 - 1886  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_  
12. Name Joseph Tibbitts  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Fullinger  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Edwards  
(b) Address 627 Mark Ave. Subway

17. (a) Burial (b) Date thereof 8-15-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cop Hill

18. (a) Signature of funeral director Group of Boys  
(b) Address Kirkwood, Mo.  
19. (a) AUG 15 1939 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jefferson  
(c) City or town Desoto, R.F.D.  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 13<sup>th</sup> day August  
year 1939 hour 7 minute 10 P. M.  
21. I hereby certify that I attended the deceased from August  
1 1938 to August 13 1939  
that I last saw him alive on August 13 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic or acute  
milinary tuberculosis Duration unknown

Due to unknown  
Due to unknown

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none done  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Staller (M. D. or other) \_\_\_\_\_  
Address Desoto, Mo. Date signed 8/13/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

.....  
working under my personal supervision.

*Louis H. Boyer*

Registered Apprentice No.....

Signed.....

*Louis H. Boyer*

Licensed Embalmer No. *921*

P. O. Address.....

*Arkwood*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**