

S. No. 300  
M-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED DEC 29 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

39630  
State File No. \_\_\_\_\_  
Registrar's No. 164

Registration District No. 1

Primary Registration District No. 3012

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County CLAY

(b) City or town EXCELSIOR SPRINGS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
714 HAZEL STREET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community LIFETIME  
years, months or days)

**3. (a) PRINT FULL NAME** JO ANNA SUE PIBURN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased: AUGUST 2 1948  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>3</u>	<u>23</u>	hr. _____ min.

9. Birthplace EXCELSIOR SPRINGS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

**MOTHER FATHER**

12. Name LLOYD PIBURN

13. Birthplace EXCELSIOR SPRINGS MO.  
(City, town, or county) (State or foreign country)

14. Maiden name JO ANNE ROBB

15. Birthplace RAY COUNTY, MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Piburn

(b) Address 714 Hazel, Ex. Springs, Mo.

17. (a) BURIAL (b) Date thereof NOV. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENON CEMETERY

18. (a) Signature of funeral director Clayde Richard

(b) Address Excelsior Springs, Mo.

19. (a) 11/27/48 (b) Marceline Hutchins  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County CLAY

(c) City or town EXCELSIOR SPRINGS  
(If outside city or town limits, write "RURAL")

(d) Street No. 714 HAZEL STREET  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOVEMBER day 25  
year 1948 hour about 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 24 NOV 25 1948  
to NOV 24 1948

that I last saw her alive on NOV 24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis Duration \_\_\_\_\_

Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) \_\_\_\_\_

(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 C. J. Baird (M. D. or other) \_\_\_\_\_  
Address Excelsior Springs Date signed 11/26/48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-17-78

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.