

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22653

FILED AUG 1 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 806

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buch. 3		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph,		c. LENGTH OF STAY (in this place) 17 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		d. STREET ADDRESS (If rural, give location) 1023 No. 18th, St.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1023 No. 18 St.			d. STREET ADDRESS (If rural, give location) 1023 No. 18th, St.		

3. NAME OF DECEASED (Type or Print) DORA			a. (First) J. b. (Middle) J. c. (Last) TIBBETTS		4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 49		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1874		9. AGE (In years from birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. COUNTRY OF WHAT CITIZENRY? USA		

13a. FATHER'S NAME Miles Jone		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George A. Tibbetts	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Tibbetts-St. Joseph, Mo.				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not, mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	GANGRENE LT. FOOT				1 MO
ANTECEDENT CAUSES	DUE TO (b) ARTERIOSCLEROSIS				2 YRS
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) DIABETES				11 YRS
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				26 ^h X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 July, 1949, to 21 July, 1949, that I last saw the deceased alive on 20 July, 1949, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clemens P. ...	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 22 July 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-22-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. July 23, 1949	REGISTRAR'S SIGNATURE E. G. ...	382	25. GENERAL DIRECTOR'S SIGNATURE Stamey Funeral Home	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Charles M. Hamman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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, fact should be so stated above.