

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13800

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MARYLAND	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHEVY CHASE 15. 8/190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) 7 ASPEN ST. 8	

3. NAME OF DECEASED (Type or Print) Eugene Sibley Jr.			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1950				
5. SEX Male (1)		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 3, 1927			9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 17	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (State or foreign country) Washington D.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Eugene Sibley Sr.			13b. MOTHER'S MAIDEN NAME: Rebecca Henderson			14. NAME OF HUSBAND OR WIFE Audrey Murphy Sibley		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WW 2		16. SOCIAL SECURITY NO. 578-07-0044		17. INFORMANT'S SIGNATURE OR NAME m. Reuben Pumphrey		ADDRESS Chevy Chase Maryland	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc.* It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VERDICT OF JURY: as a result of a self inflicted						= 976 X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) - gunshot wound - fired from a							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. P 38 Pistol							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? / YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 20, 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE W. Crawford Smith, Coroner		(Degree or title)		23b. ADDRESS 902 Broadway Hannibal Missouri		23c. DATE SIGNED 4/21/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/50		24c. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery		24d. LOCATION (City, town, or county) (State) Arlington Virginia	
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DATE REC'D BY LOCAL REG. 4-24-50		REGISTRAR'S SIGNATURE Dr. E. M. Luckert		FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith		ADDRESS Hannibal Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48644
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RECEIVED APR 27 1950
WARREN CO. HEALTH DEPT.
DATE FILED MAY 2 1950

MAY 4 1950

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 _____

Ralph Clark

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Ralph Clark*
Licensed Embalmer No. *4217*

P. O. Address Hannibal Missouri

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.