

FILED JUL 9- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19445

State File No.
Registrar's No. 684

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 0117</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>2001 S. 20th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>mo. methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>marie</u> c. (Last) <u>Bibbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>11-11-1894</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Days <u>7</u> IF UNDER 1 MRS. Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Madaway mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas J. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Raines</u>		14. NAME OF HUSBAND OR WIFE <u>Charles R. Bibbs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles R. Bibbs 2001 S 20th St St Joseph mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5810</u>				INTERVAL BETWEEN ONSET AND DEATH <u>over 2 months</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pancreatitis, subacute & chronic</u>		19a. DATE OF OPERATION <u>6/14 & 6/18/51</u>				19b. MAJOR FINDINGS OF OPERATION <u>Cervical laceration Hemorrhoids, int. & external.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from 5/7, 1951, to 6-28-1951, that I last saw the deceased alive on 6-27, 1951, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. C. Bloomer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1218 W. 33rd St., St. Joseph, Mo.</u>		23c. DATE SIGNED <u>6/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH mo</u>			
DATE REC'D BY LOCAL REG. <u>June 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Carol C. Caswell</u>		446	

WRITE PLAINLY—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 *E. L. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah ms*

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.