No. 300
10.48

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8915

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 337

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri, b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Township
d. STREET ADDRESS (If rural, give location): R # 7. 0110

3. NAME OF DECEASED (Type or Print)
a. (First): Charles b. (Middle): Sidney c. (Last): Tibbits

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 18, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Armour & Co.
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles C. Tibbits
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ Jemina Hambridge
14. NAME OF HUSBAND OR WIFE: Effie Sarah Tibbits

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.: 487-09-2038
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Albert St. Joseph, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 48h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Fibrosis
DUE TO (c) Chronic Prostatitism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 611X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 1953, *to* 3/13, 1953 *that I last saw the deceased alive on* 3/12, 1953, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Scott C. Benson M.D.
23b. ADDRESS: 510 Cooley Bldg
23c. DATE SIGNED: 3/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: OddFellows Public Cem.
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Mar 19, 1953
REGISTRAR'S SIGNATURE: Inez P. Balmer 485 Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Meierhoffer Flannan Funeral Home Inc. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond W. Moehle

Licensed Embalmer No. 4415 Missouri.

P. O. Address St. Joseph, 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.

8 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buch. }

State File No. 8915-53

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 337

On this 17th day of April, 1953, before me appears Mrs. Eldora Willis, who, upon her oath, states that the original record of ~~birth~~ death for Charles Sidney Tibbits ~~died~~ March 13, 1953 in the State of Missouri, and which was filed at St Joseph on Mar. 19, 1953 should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. 13 b should read Jemina Hambridge

Instead of (Unknown)

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eldora Willis Daughter
Relationship.

R.R. #7, St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 17th day of April, 1953.

My Commission Expires Nov. 3, 1956

My Commission expires ..... Inez P. Balmat Notary Public.

V. S. 135
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