

STANDARD CERTIFICATE OF DEATH

State File No. **43218**  
**5814**

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>31 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>3919 Sunrise Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>	b. (Middle) <b>F.</b>	c. (Last) <b>TIBBLING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1953</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1889</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prod. Controls Exch.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Minnesota</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prod. Controls Exch.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Mills, Inc.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ernest F. Tibbling, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Christine Olsen</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Susie Tibbling</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-09-9306</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alice Susie Tibbling</b> KC Mo. ADDRESS <b>3919 Sunrise Dr.</b>

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) <b>Carcinoma Pancreas</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b> <b>Obstruction</b>		<b>157X</b> <b>1951</b>

19a. DATE OF OPERATION <b>10/12/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Pancreas common duct</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9/29, 1951 to 12/10, 1953, that I last saw the deceased alive on Dec 9, 1953 and that death occurred at 9:45 am., from the causes and on the date stated above.

23a. SIGNATURE <b>Lytle G. Willits</b>	23b. ADDRESS <b>1515 Professional Bldg</b>	23c. DATE SIGNED <b>12/10/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/12/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>12-10-53</b>	REGISTRAR'S SIGNATURE <b>Staldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCURE</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Dyer, F. W. White  
1110 Perry, Bldg  
Vi 1919

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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 ....., Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4904

P. O. Address H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.