

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41699

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 392

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	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) 2 weeks		e. STREET ADDRESS (If rural, give location) 224 Willow St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES' b. (Middle) E. c. (Last) BIBB		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 12, 1870
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis county, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchman		10b. KIND OF BUSINESS OR INDUSTRY railroad	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Bibb	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Lula P. Bibb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lula Bibb, 224 Willow, Hannibal

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 1 week
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asterois Sals after Heart Disease		1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X	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 **Dec 1, 1954** to **12/16/1954**, 1954, that I last saw the deceased alive on **Dec 16, 1954**, and that death occurred at **5:07a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Lanning MD	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 12/21/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/18/54	24c. NAME OF CEMETERY OR CREMATORY St. Olivet Cemetery
24d. LOCATION (City, town, or county) (State) Hannibal, Mo.		

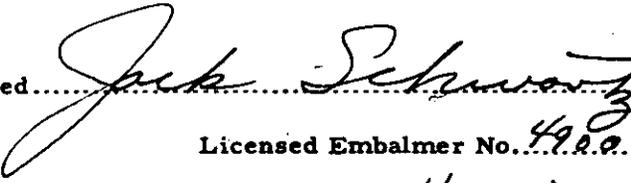
DATE REC'D BY LOCAL REG. 12-27-54	REGISTRAR'S SIGNATURE Dr. E. M. Bucke	15. FUNERAL DIRECTOR'S SIGNATURE Jacob Schwartz - Hannibal, Mo.	ADDRESS
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RECEIVED DEC 30 1954
MARION CO. HEALTH DEPT.
DATE FILED DEC 30 1954

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. 4900

P. O. Address Hamilton

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.