

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36895**

FILED NOV 21 1956

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **349**

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give town) Kirksville		c. LENGTH OF STAY (in this place) 17 days		c. CITY OR TOWN Chillicothe		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital & Clinic				STREET ADDRESS (If rural, give location) Rural Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Albert		c. (Last) Nibarger		4. DATE OF DEATH (Month) (Day) (Year) 11 17 56	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-13-77	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Red Key, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Riley Rheuben Nibarger			13b. MOTHER'S MAIDEN NAME Alice Florence Stewart			14. NAME OF HUSBAND OR WIFE Lizzie Nibarger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-42-0484		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lizzie Nibarger, Chillicothe, Missouri			
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) MASSIVE CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC HEPATITIS, CHOLEDOCHITIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EARLY UREMIA 585X				INTERVAL BETWEEN ONSET AND DEATH 12 MIN ?	
19a. DATE OF OPERATION 11-3-56		19b. MAJOR FINDINGS OF OPERATION cholecystectomy, choleocholestomy, ADHESIONOTOMY				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) (Minute)		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 10-21, 1956 , to 11-17, 1956 that I last saw the deceased alive on 11-17, 1956 and that death occurred at 10:37A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Carl Laughlin Jr (Degree or title) D.O.				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 11-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-19-56		24c. NAME OF CEMETERY OR CREMATORY Brassfield Cemetery		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri	
DATE REC'D BY LOCAL REG. 11-17-56		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis & Davis Kirkville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed... *Robert B. Harris*

Licensed Embalmer No. *421*
P. O. Address *Kirkville*

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.