

Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45041
STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY McDonahd				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonahd			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANAGAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Goodman		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION REST HOME			Length of stay in lb 2 yrs			d. STREET ADDRESS (If outside, give location) 266 1/2 S	
3. NAME OF DECEASED (Type or print) JOHN Addus Wibbs				4. DATE OF DEATH Month 10 - Day 28 - Year 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1879	9. AGE (In years last birthday) 78		IF UNDER 1 YEAR IF UNDER 24 HRS. Month 9 Days 23 Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) HARRISON ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME BURGEH Wibbs				14. MOTHER'S MAIDEN NAME SARAH J. UNKNOWN			
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. NO		17. INFORMANT NONE		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 730 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. M. Humphrey, Coroner				22b. ADDRESS Noel Mo		22c. DATE SIGNED 11-15-1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-1-57	23c. NAME OF CEMETERY OR CREMATORY CUMMINGS CHAPEL		23d. LOCATION (City, town, or county) (State) Tril City Mo			
24. FUNERAL DIRECTOR W. M. Humphrey		ADDRESS Lincoln, Mo		25. DATE RECD. BY LOCAL REG. 12-10-1957	26. REGISTRAR'S SIGNATURE Mayne Humphrey		

(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.....
Signature of Student Embalmer

Signed *J. M. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Mail 71*

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.