

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

512

FILED JAN 29 1958

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 505 Francis Hospital				Length of stay in 1b 1 1/2 days		d. STREET ADDRESS (If outside, give location) 405 Good Hope	
3. NAME OF DECEASED (Type or print) Ralph Copeland Tibbs		First Middle Last		4. DATE OF DEATH Month Jan. Day 19, Year 1958			
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1910	9. AGE (In years last birthday) 47		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel C. Tibbs				14. MOTHER'S MAIDEN NAME Mamie Pitts			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. II. 490-12-3521		17. INFORMANT Brentwood, Mo. Mrs. Anna Cole, 8604 Rose,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Brain Damage						INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Basilar Skull fracture 24 hrs	
						DUE TO (c) Fractures of Maxillae and Left Mandible 24 hrs -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2	
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 5:00 Month, Day, Year Jan 19-58 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Jan 17-58		20f. CITY, TOWN, OR LOCATION Jan 19-58		COUNTY STATE	
21. I attended the deceased from Jan 17-58 to Jan 19-58 and last saw her/him alive on Jan 19-58 . Death occurred at 5:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. O. Kealaugh, M.D. (Degree or title)				22b. ADDRESS 24 N. Sprigg Cape Gir.		22c. DATE SIGNED Jan 20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 21, 1958		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Cape Gir., Mo.				25. DATE RECD. BY LOCAL REG. Jan 21-1958		26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB
8 1958

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.....
Edward A. Puffin

Licensed Embalmer No. 50
2501 Po
P. O. Address Cairo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitute's 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.