

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044819

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 182

Primary Registration District No. 5688

Registrar's No. 32

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Purdin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 mi. E. Purdin		Length of stay in 1b 9 months	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. of Purdin		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jasper Middle Lionel Last Sibole			4. DATE OF DEATH Month Dec. Day 11, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-28-1868	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months --- Days --- Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Novinger, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Retta Sibole	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Millard Haffner, Purdin, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Pulmonary Embolism					
DUE TO (c) Cranial laceration + trauma					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9020 21					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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 it) Fell off of his bed, lacerating left eye & forehead				
20c. TIME OF INJURY Hour 11 a.m. 12-7-58	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION R.F.D. - PURDIN COUNTY LINN STATE MO			
21. I attended the deceased from July 16, 1958 and last saw her alive on Dec 11, 1958 Death occurred at 11 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bentone Wilson D.O. 2			22b. ADDRESS LINNEUS, MO.		22c. DATE SIGNED Dec 13, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-13-1958	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery		23d. LOCATION (City, town, or county) (State) Novinger, Mo.	
24. FUNERAL DIRECTOR Shawn E. Kent & Son, Green City, Mo.			25. DATE RECD. BY LOCAL REG. Dec 26-1958	26. REGISTRAR'S SIGNATURE Ms. Bidie Kelley	

(Licensed Embolmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Earl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.