ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017104
STATE FILE NUMBER

FILED JUN 5 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City 16 Mo. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) North Kansas City Memorial Length of stay in 1b 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Parkville 6000 Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 406 Main Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle G.C. Last Tibbetts
4. DATE OF DEATH Month 5 Day 20 Year 59
5. SEX M
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-16-1888
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer
10b. KIND OF BUSINESS OR INDUSTRY Newspaper.
11. BIRTHPLACE (City and state or country) Humboldt, Kan
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME James Tibbetts
13b. MOTHER'S MAIDEN NAME Emma Woods.
14. NAME OF ~~HUSBAND OR~~ WIFE Vera Ward. Tibbetts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Mexican Border.
16. SOCIAL SECURITY NO. 489-09-2383
17. INFORMANT Vera Tibbetts Address 406 Main Parkville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Porphyrinuria — INTERVAL BETWEEN ONSET AND DEATH one month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of liver — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581C
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-23-57, to 5-20-59 and last saw ~~her~~ him alive on 5-20-59
Death occurred at 6 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. C. Thurman MD
22b. ADDRESS 119 1st Parkville, Mo
22c. DATE SIGNED 5-21-59

23a. ~~BURIAL, CREMATION~~, REMOVAL (Specify)
23b. DATE May 23-59
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Humboldt
23d. LOCATION (City, town, or county) Humboldt (State) Kan

24. FUNERAL DIRECTOR Leland H. Francis ADDRESS Parkville Mo
25. DATE RECD. BY LOCAL REG. 5-23-59
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1-0

JUL 21 1959

DEC 29 1959

RECE
JUN - 2
CLAY CO
HEALTH CENT

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~~ Haddon C. Francis, Student Embalmer No. 570 working under my personal supervision.

Student Haddon C. Francis
Signature of Student Embalmer

Signed Leland K. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville,

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.