URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028871

STATE FILE NUMBER

FILED VS JUL 22 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6752

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri.
Length of stay in 1b: 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2913a Magnolia Avenue.,
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2913a Magnolia Avenue.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mabel Middle: B. Last: Tibbs
4. DATE OF DEATH: Month July Day 1 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/17/1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Lodi, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward L. Raglin
13b. MOTHER'S MAIDEN NAME: Elizabeth Ann White
14. NAME OF HUSBAND OR WIFE: James Tibbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: 498-09-4442
17. INFORMANT: James Tibbs, 2913a Magnolia Avenue.,
Address

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): Medulary failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Progressive paralysis of brain stem — INTERVAL BETWEEN ONSET AND DEATH: one 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 March 17 1960 to July 1 1960 and last saw her/him alive on July 25 1960
Death occurred at 5:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul McRae, M.D. (Degree or Title)
22b. ADDRESS: 4407 South Kingshighway
22c. DATE SIGNED: 7/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/5/60
23c. NAME OF CEMETERY OR CREMATORY: Lewis Grave Yard
23d. LOCATION (City, Town, or County) (State): Lodi, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG.: JUL 5 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harry [illegible]

Licensed Embalmer No. 4596

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.