

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006250

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 29

FILED MAR 4 1963	
1. PLACE OF DEATH a. COUNTY Iron	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia	Length of stay in 1b 2yr. 9mo. 16da
c. CITY OR TOWN Rural-Arcadia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 1 1/2 mi. E. on Hwy 72
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ida Beatrice Bibb	
4. DATE OF DEATH Feb. 25, 1963	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/16/1879
9. AGE (last birthday) 83	
IF UNDER 1 YEAR Months 10 Days 9	
IF UNDER 24 HR Hours 10 Min. 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) music teacher	
10b. KIND OF BUSINESS OR INDUSTRY teaching	
11. BIRTHPLACE (City and state or country) Montgomery City, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Rev. Martin Luther Bibb	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Cushman	
14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no	
16. SOCIAL SECURITY NO. 074	
17. INFORMANT Dolores Weiss, Ironton, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease	
INTERVAL BETWEEN ONSET AND DEATH 5 years	
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)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 May 9, 1960 to Feb. 25, 1963 and last saw her alive on Feb. 24, 1963 Death occurred at 3:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Marion C. Meane MD</i>	(Degree or title)
22b. ADDRESS Ironton, Missouri	
22c. DATE SIGNED 2-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/27/1963
23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) (State) Montgomery City, Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo.	
25. DATE RECD. BY LOCAL REG. 2-25-63	
26. REGISTRAR'S SIGNATURE <i>Miss Avis Jones</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 <u>0470</u>
2 <u>0470</u>
3 <u>4</u>
4 <u>1</u>
5 <u>0</u>
6
7 <u>0</u>
8 <u>2</u>
9 <u>443X</u>
10
11
12 <u>86-0</u>
13 <u>1-0</u>

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

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.