

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4015 ~~688-028711~~

FILED AUG 6 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 7 mos.	c. CITY OR TOWN Maryville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 322 So. Elmwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 Alvin St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last MELVINA TIBBETTS			4. DATE OF DEATH Month Day Year July 15, 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1871	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days
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) Mercer Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME Joseph Puett		13b. MOTHER'S MAIDEN NAME Diane Mc Atee		14. NAME OF HUSBAND OR WIFE John A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Clara A. Williams - 322 So. Elmwood	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerotic heart disease 5 yr		
DUE TO (c) Senility		
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 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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Elmo, Missouri	COUNTY STATE
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21. I attended the deceased from April 1963 to July 1963 last saw her 7-14-63
Death occurred at 11 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo Vogan (Degree or title)	22b. ADDRESS 3629 St John	22c. DATE SIGNED 7-16-63 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-16-1963	23c. NAME OF CEMETERY OR CREMATORY La Mar Cemetery	23d. LOCATION (City, town, or county) Elmo, Missouri
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24. FUNERAL DIRECTOR ADDRESS C. H. Blackman & Son, Inc. K. C., Mo.	25. DATE RECD. BY LOCAL REG. 7-16-63	26. REGISTRAR'S SIGNATURE Ruth Long
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VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 USE BLACK INK OR TYPEWRITER RIBBON

7-11-3

Be-1-2670

John
3629 U John

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

Hubert B. Baird

Licensed Embalmer No.

4888

P. O. Address

KS 24, 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.