

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

69-002891

DO NOT WRITE
ON THIS STUB

9. 0
10a. 75
10b.
11. 0
12. 2
13. 428X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4. 0681
5. 01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0681
PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 224		Primary Registration District No. 3046		Registrar's No. 5	
DECEASED—NAME FIRST MIDDLE LAST 1. Edgar A. Kibbe			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Jan. 28, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white		AGE—LAST BIRTHDAY (YEARS) 5a. 75	UNDER 1 YEAR 5b. MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 11-29-1893	COUNTY OF DEATH 7a. Moniteau
CITY, TOWN, OR LOCATION OF DEATH 7b. California		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Latham Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	
SOCIAL SECURITY NUMBER 12. 487-50-5534A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Medical Doctor		KIND OF BUSINESS OR INDUSTRY 13b. Private Practice	
RESIDENCE—STATE COUNTY 14a. Missouri 14b. Moniteau		CITY, TOWN, OR LOCATION 14c. California		STREET AND NUMBER 14d. 205 E. Main	
FATHER—NAME FIRST MIDDLE LAST 15. J. H. Kibbe		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Clara Robertson			
INFORMANT—NAME 17a. John Kibbe			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 205 E. Main California, Mo. 65018		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18. (a) Chronic myocarditis - DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) (c)		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 months.	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM Jan 14, 1969 TO Jan 28, 1969		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. Jan 28, 1969		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. checked	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. M.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 12:20 AM.	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Kenyon Latham M.D.		SIGNATURE 23b. Kenyon Latham M.D.		DATE SIGNED (MONTH, DAY, YEAR) 23c. 1-29-69	
MAILING ADDRESS—CERTIFIER 23d.		STREET OR R.F.D. NO. 23e.		CITY OR TOWN 23f.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Masonic Cemetery		LOCATION CITY OR TOWN STATE 24c. California Missouri	
DATE (MONTH, DAY, YEAR) 24d. Jan. 30, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Williams Funeral Home California, Mo. 65018			
FUNERAL DIRECTOR—SIGNATURE 25b. Wayne A. Woodard		REGISTRAR—SIGNATURE 26a. Florence H. Kelly		DATE RECEIVED BY LOCAL REGISTRAR 26b. Jan. 29-1969	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

1969 FEB 5

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

Licensed Embalmer No. 5172

P. O. Address

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.