

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045241

STATE FILE NUMBER

FILED DEC 24 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 139

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Richmond</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. N. of Richmond</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>6 mi. N. of Richmond</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<b>JAMES EUGENE BIVENS</b>			<b>Dec. 16, 1958</b>		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 22, 1919</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Common labor</b>	11. BIRTHPLACE (City and state or country) <b>Orrick, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas H. Bivens</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Whelchel Bivens</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>487-01-3944</b>	17. INFORMANT <b>Mrs. Emily Bivens, Portland, Oregon</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Injuries received in automobile accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>1) Broken neck</b>		
DUE TO (c) <b>2) Internal Chest injuries</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>DECEASED WAS DRIVING AUTO &amp; STRUCK BRIDGE RAILING &amp;</b>
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20c. TIME OF INJURY <b>12:30 p.m. 12-20-58</b>	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.) <b>STATE H. WAY</b>	20f. CITY, TOWN, OR LOCATION <b>4 1/2 Mi. N. of Richmond, Ray, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>12:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Thomas B. Cook M.D. Coroner</b>	22b. ADDRESS <b>Richmond Mo.</b>	22c. DATE SIGNED <b>12/18/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-20-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>South Point Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Orrick, Mo.</b>
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24. FUNERAL DIRECTOR <b>Thurman Funeral Home, Richmond, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-20-1958</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 17 1959

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, ooby ..... Student Embalmer No. .... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Thomas L. Thurman .....

Licensed Embalmer No. 4563 ..... P. O. Address Richmond, 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.

DEC 9 0 1958