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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17825  
Registrar's No. 412

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1316 N. Broad  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Joseph Warren Shivel  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Magnolia C. Shivel  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 19, 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Milling business

MOTHER FATHER { 12. Name Joseph H. Shivel  
13. Birthplace Unknown / Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Perry  
15. Birthplace Unknown / Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lucille Shivel  
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 5/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 5-19-41 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 1316 N. Broad  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th  
year 1941 hour 7 minute A.M.  
21. I hereby certify that I attended the deceased from April 5  
1941 to May 17 1941  
that I last saw him alive on April 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Arterio sclerosis  
Other conditions 94 W  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration small  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature W. E. Handley MD (M. D. or other) \_\_\_\_\_  
Address Springfield Date signed 5/20/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No.....

.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.**