S. No. 2
4—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36084

Registration District No. 40 Primary Registration District No. 5-1-22 4051 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Bogue
(b) City or town Hallsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether years, months or days)
In this community Three Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bogue
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ...
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ...

3. (a) PRINT FULL NAME CHARLIE EUBANK BIVEN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Jane Biven
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Mar. (Month) 21 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	6	12 hr. 55 min.

9. Birthplace Howard Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Edward Biven
13. Birthplace Howard Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary E. Tharp
15. Birthplace Howard Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Effie Biven
(b) Address Hallsville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 11-29-1946 (Date received local registrar) (b) Mrs. G. L. Shock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1946 hour 12 minute 55 P.M.
21. I hereby certify that I attended the deceased from 1-15-46, 19..., to Nov 27, 1946, that I last saw him alive on Nov 25, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Coronary Disease	
Due to	
Other conditions Chr. Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ...
Of autopsy 13 B

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? (Specify type of place)
While at work? ... (e) Means of injury ...
23. Signature Ira Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 11-28-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-2-46

DEC 30 1946

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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 this body is not embalmed, fact should be so stated above.