

3. No. 2  
4-5-43  
5-17-39  
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24675

FILED JUL 29, 1947

State File No. ....

Registration District No. ....

Primary Registration District No. 5632

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Rural, Osage Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether)  
In this community 44 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede 53  
(c) City or town Rural, Osage Twp. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Cora C. Shivers  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1947 hour 8 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 1943 to 6-14, 1947  
that I last saw her alive on 6-14, 1947  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Oliver J. Shivers  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased September 1, 1902  
(Month) (Day) (Year)

Immediate cause of death Chronic valvular heart disease  
Duration

8. AGE: Years Months Days If less than one day  
44 9 15 ..hr. ....min.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace Day Knob Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation house wife

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....  
12. Name Lukie Wilson  
13. Birthplace Hazel green Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Hatley  
15. Birthplace Brawfield Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver J. Shivers  
(b) Address Day Knob Mo  
17. (a) burial (b) Date thereof 6-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cross Roads  
18. (a) Signature of funeral director Palmer  
(b) Address Lebanon Mo  
19. (a) 6-28-1947 (b) Or Frankburger  
(Date received local registrar) (Registrar's signature)

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?  
While at work?..... (Specify type of place) (e) Means of injury 2  
23. Signature Quentin B. Brown (M. D. or other) D.O.  
Address Lebanon, Mo. Date signed 6/17/47

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

Received 7/26/47  
Laclede County Health Unit  
File No. 6-47-117  
Date Filed 7/28/47

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**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 S. A. Palmer  
Licensed Embalmer No. 2208  
P. O. Address Lebanon 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.**