

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 31 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 65

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | |
| c. LENGTH OF STAY (In this place) 40yrs | | d. STREET ADDRESS (If rural, give location) 2236 N. Ramsey | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2236 N. Ramsey | | e. FULL NAME OF HOSPITAL OR INSTITUTION 2236 N. Ramsey | |

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|-------------------------------------|--------------------------|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Wesley | b. (Middle) Milton | c. (Last) Stiver | 4. DATE OF DEATH (Month) (Day) (Year) January 23, 1949 |
|-------------------------------------|--------------------------|---------------------------|-------------------------|---|

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|--------------------|-------------------------------|---|--|---|------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 20, 1865 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months # | IF UNDER 1 YEAR Days # | IF UNDER 1 HR. Hours # | IF UNDER 1 HR. Mins. # |
|--------------------|-------------------------------|---|--|---|------------------------------------|----------------------------------|----------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Elkhart Co. Ind. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John I. Stiver | 13b. MOTHER'S MAIDEN NAME Susan Horner | 14. NAME OF HUSBAND OR WIFE Margaret Witherspoon Stiver |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Wade H. Stiver (son) | ADDRESS Rt 10, City |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|--|--|-------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 0 |
|--|--|-------------------------------------|

22. I hereby certify that I attended the deceased from **Jan 8, 1949**, to **Jan 23, 1949**, that I last saw the deceased alive on **Jan 23, 1949**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) C. E. Feller M.D. | 23b. ADDRESS 609. Cherry Springfield 1-24-49 | 23c. DATE SIGNED |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1 25 49 | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn | 24d. LOCATION (City, town, or county) (State) Springfield Mo. |
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| DATE REC'D BY LOCAL REG. 1-26-49 | REGISTRAR'S SIGNATURE W. J. Handley M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co | ADDRESS Springfield, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

Female

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
Student Embalmer

Signed May Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.