

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20198**

28

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **193** PRIMARY REG. DIST. NO. **4306** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Goodman</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Goodman</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Wade Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wade Street</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Roy</b>			b. (Middle)		
c. (Last) <b>Bivens</b>			<b>June 21, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 27, 1887</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR (Month) (Day) (Year) <b>10 16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Pike County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>James R. Bivens</b>	13b. MOTHER'S MAIDEN NAME <b>Calena A. Bivens</b>	14. NAME OF HUSBAND OR WIFE <b>Mable Bivens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mable Bivens</b>
		ADDRESS <b>Goodman, Mo.</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		
DUE TO (c)		4500	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 15, 1947**, to **June 21, 1949**, that I last saw the deceased alive on **June 19, 1949**, and that death occurred at **5:45 P.m.**, from the causes and on the date stated above.

22a. SIGNATURE <b>[Signature]</b>	22b. ADDRESS <b>Goodman, Mo.</b>	22c. DATE SIGNED <b>6-23-49</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 23, 1949</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery</b>
23d. LOCATION (City, town, or county) <b>Goodman, Missouri</b>	23e. FUNERAL DIRECTOR'S SIGNATURE <b>John B. Papineau</b>	23f. ADDRESS <b>Goodman, Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-30-49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Fred W. Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman

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.