

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7208  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS.</b>	
c. LENGTH OF STAY (in this place) <b>210 days</b>		d. STREET ADDRESS (If rural, give location) <b>1025 N 13 ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROBT. KOCH HOSPITAL.</b>			

3. NAME OF DECEASED a. (First) <b>MATTIE</b>		b. (Middle) _____		c. (Last) <b>SHIVERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 24, 1950</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 15, 1924</b>		9. AGE (In years last birthday) <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Cannon County, Miss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>NORRIS REDD</b>		13b. MOTHER'S MAIDEN NAME <b>ARLILLIAN GRANT</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN WESLEY SHIVERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>473-24-7398</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records - Robt. Koch Hoop</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 mo ±</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>CO2X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **June 28, 1949**, to **Jan 24, 1950**, that I last saw the deceased alive on **Jan 24, 1950**, and that death occurred at **9:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Cohen</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Robt Koch Hoop, Robt Koch Hoop</b>		23c. DATE SIGNED <b>Jan 24/50</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>1-24-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Canton Miss</b>		24d. LOCATION (City, town, or county) (State) <b>CANTON MISS</b>	

DATE REG BY LOCAL REG. <b>JAN 29 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gus Lowe</b>		ADDRESS <b>2930 Dickson St.</b>	
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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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Bernard

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.