

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8518

State File No. 1371

1371

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1026 Admiral Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Lee</u> c. (Last) <u>Bivins</u>			
4. DATE OF DEATH <u>3-23-</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-16-1877</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Fireman</u>		11. BIRTHPLACE (State or foreign country) <u>Hayti, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joseph Bivins</u>	
13a. FATHER'S NAME <u>Joseph Bivins</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Bivins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>372-20-8604</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hubert J. Bivins</u>		17. ADDRESS <u>1026 Admiral Blvd</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Fractured Skull</u> <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>	
21d. TIME OF INJURY <u>3-19-50 - 11:25 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on sidewalk</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Hugh H. Owens</u>		23b. ADDRESS <u>1030 Piatts Blv</u>		23c. DATE SIGNED <u>3-24-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3-24--1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dry Basin - DRY BAYOU</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Forster</u>	
25. DATE REC'D BY LOCAL REG. <u>3-24-50</u>		25. REGISTERAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. ADDRESS <u>Mrs. C.L. Forster, Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Forster</u>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Joe B. Yoder*

Licensed Embalmer No. *4173*

P. O. Address *St. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 8518-50

State of *Mo.*

County of *Jackson* ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1371

On this *24<sup>th</sup>* day of *April*, 194*5*, before me appears *Hubert J. Bivins*

who, upon *his* oath, states that the original record of <sup>birth</sup> death for *Joseph Lee Bivins*, who <sup>died</sup> <sub>born</sub> *B-73*, 19*50*, in the State of Missouri, and which was filed at *St. Louis City* on *3-24*, 19*50*, should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. *24* should read *Doy Bayou*

Instead of *Doy Badian*

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Hubert J. Bivins* Relationship.

*1076 Admiral Blvd.*  
Present Address.  
*St. Louis, Mo.*

Subscribed and sworn to before me this *14<sup>th</sup>* day of *April*, 19*50*.

My Commission expires *Oct. 21, 1951* *Garre M. Puppelius* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.