

FILED JUL 17 1950

STANDARD CERTIFICATE OF DEATH

State, File No. 22779

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 810	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived... If location: residence before admission) a. STATE Mo b. COUNTY Minn			
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph		c. LENGTH OF STAY (In this place) 1244 2 Mo 2		c. CITY (If outside corporate limits, write RURAL and give township) Brookfield Mo 0582		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 2							
3. NAME OF DECEASED (Type or Print) a. (First) Raymond		b. (Middle)		c. (Last) Bivens		4. DATE OF DEATH (Month) (Day) (Year) 7 8 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) 49 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 49 yrs	
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? America			
13a. FATHER'S NAME John Thomas Bivens		13b. MOTHER'S MAIDEN NAME Linnie Culham		14. NAME OF HUSBAND OR WIFE Single			
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. Nil		17. INFORMANT'S SIGNATURE OR NAME Mr Roy Bivens			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic				INTERVAL BETWEEN ONSET AND DEATH Several years 12 yrs + 025X 12 yrs	
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 7-8, 1950, to 7-8, 1950, that I last saw the deceased alive on 7-8, 1950, and that death occurred at 5:05 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. B. Cassine M.D.				23b. ADDRESS State Hospital # 2		23c. DATE SIGNED 7-8-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/8/50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Brookfield, Mo.	
DATE REC'D BY LOCAL REG. July 13, 1950		REGISTRAR'S SIGNATURE G. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

0117
2

1951

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joplin, 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.