

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37846

0720  
B

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

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5824</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>				
b. CITY OR TOWN <u>Onway Hospital</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Portageville</u> <u>0720</u>		d. STREET ADDRESS (If rural, give location) <u>R#1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Bivins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 16, 1924</u>		
9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Portageville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Cullen Cecil Bivins</u>			13b. MOTHER'S MAIDEN NAME <u>Lois N. Zook</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cullen Bivins Marston</u> ADDRESS <u>Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u> <u>8 yrs</u> DUE TO (c) <u>Rheumatic Fever</u> <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/16/1</u>						
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) _____		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 <u>June 12, 1948</u> , to <u>Nov 6, 1950</u> , that I last saw the deceased alive on <u>Nov. 6, 1950</u> , and that death occurred at <u>4:54 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John J. Killion, M.D.</u>				23b. ADDRESS <u>Portageville, Mo.</u>		23c. DATE SIGNED <u>11-9-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-27-50</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Delisle Funeral Parlor</u> ADDRESS <u>Portageville, Mo</u>				

RECEIVED

MSY 29 1950

DISTRICT HEALTH OFFICE No.

No. ....

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 *Robert J. Ganju*

Licensed Embalmer No. *4800*

P. O. Address *Portageville, 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.