

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9228
State File No. _____

FILED APR 9 1951

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4716 Registrar's No. 21

0600
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NOEL-RURAL</u>		c. CITY (If outside corporate limits; write RURAL and give township) <u>RURAL-ELK-RIVER</u>	
c. LENGTH OF STAY (in this place) <u>25YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTONIA</u>	b. (Middle) <u>-</u>	c. (Last) <u>BIVEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-51</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11-18-1879</u>	9. AGE (In years last birthday) <u>73</u> 2 <u>2</u> 89 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SECTION-</u>	11. BIRTHPLACE (State or foreign country) <u>NEW-FRANKLIN-MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>John Biven</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Puren</u>	14. NAME OF HUSBAND OR WIFE <u>VIOLA-BIVEN</u>
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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>709-18-7214</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Guy Ewing</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Humphrey</u>	(Degree or title) <u>Physician</u>	23b. ADDRESS <u>Lawville, Mo</u>	23c. DATE SIGNED <u>2-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEE</u>	24d. LOCATION (City, town, or county) (State) <u>Sulphur Springs Ark</u>
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DATE REC'D BY LOCAL REG. <u>3-10-51</u>	REGISTRAR'S SIGNATURE <u>Mayer Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. M. Humphrey Lawville, Mo</u>
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DEPARTMENT OF HEALTH OF I.O.
District No. 8 - Springfield

RECEIVED APR 4 1951

Dist. File 451-723

Date Filed 4-5-51

MAY 7 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 F. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.