

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Warrensburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION: RFD Warrensburg, Mo.		d. STREET ADDRESS (If rural, give location) RFD Warrensburg, Mo.	
3. NAME OF DECEASED a. (First) William		b. (Middle) Steven	
		c. (Last) Sivils	
4. DATE OF DEATH July 24, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1862
9. AGE (In years, months, days) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Taylor Sivils		13b. MOTHER'S MAIDEN NAME Polly Blevins	
		14. NAME OF HUSBAND OR WIFE Ellen E. Sivils, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
		17. INFORMANT'S SIGNATURE OR NAME H. E. Sivils, Warrensburg, Mo.	
		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of the Prostate</i>	
		INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<i>177X</i>	
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 <i>7-20, 1951</i> , to <i>7-22, 1951</i> , that I last saw the deceased alive on <i>7-22, 1951</i> , and that death occurred at <i>2:29 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Charles M. Liden, M.D.</i> (Degree or title)		23b. ADDRESS <i>Warrensburg, Missouri</i>	
		23c. DATE SIGNED <i>7-26-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 26, 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill</i>		24d. LOCATION (City, town, or county) (State) <i>Warrensburg, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>July 26, 1951</i>		REGISTRAR'S SIGNATURE <i>Savannah Antchuk</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sweeney-Phillips</i> ADDRESS <i>Warrensburg, Mo.</i>	

RECEIVED
JUL 31 1951
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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

J. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.