

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27676
 51

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

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5781 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Blaze		c. LENGTH OF STAY (In this place) Lifetime	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. S.E. Prewit-Station		d. STREET ADDRESS (If rural, give location) 1 mi. S.E. Prewit-Station	
3. NAME OF DECEASED a. (First) Arnold b. (Middle) Gene c. (Last) Shivers			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Nov. 1935
9. AGE (In years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (State or foreign country) Camden-Co Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY H.S. School	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Zeb-Shivers		13b. MOTHER'S MAIDEN NAME Vernie-Shivers	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Zeb-Shivers - Osage-Bach-Mo
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 69291 22	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lake Ozark Miller Missouri			
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 on August 8, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00P m., from the causes and on the date stated above.			
23a. SIGNATURE Walter J. Neugeb Coronor 3		23b. ADDRESS Iberia, Missouri	
23c. DATE SIGNED Aug. 11, 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12 Aug 1951	
24c. NAME OF CEMETERY OR CREMATORY River-View		24d. LOCATION (City, town, or county) (State) Miller-Co Mo	
DATE REC'D BY LOCAL REG. Aug 19, 1951		REGISTRAR'S SIGNATURE Mrs C R Haidman 193	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Elido N-Mo	

RECEIVED

AUG 27 1951

MILLER COUNTY HEALTH
DEPARTMENT

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

Keith M. Kays
Licensed Embalmer No. *2998*
P. O. Address *Eldon 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.