

STANDARD CERTIFICATE OF DEATH

30851

State File No. _____

SEP 20 1951

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5774 Registrar's No. 69

1. PLACE OF DEATH
 a. COUNTY Mercer
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravanna Twp.
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.
 d. STREET ADDRESS (If rural, give location) 4418 Hiland

3. NAME OF DECEASED
 a. (First) Charles b. (Middle) Lynn c. (Last) Ivey

4. DATE OF DEATH Aug. 30-51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 15, 1923

9. AGE (In years last birthday) 28

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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mammoth Springs Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Ivey

13b. MOTHER'S MAIDEN NAME Augusta Wallas

14. NAME OF HUSBAND OR WIFE Mary Ivey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War II

16. SOCIAL SECURITY NO. 432-24-9076

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ivey Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocuted
 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.

INTERVAL BETWEEN ONSET AND DEATH at once

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 065

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hiway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ravanna Mercer Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug. 30-51 2:50 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Phone line over power line

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 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) rd. Crower Princeton

23b. ADDRESS

23c. DATE SIGNED 9-31-51

24a. BURIAL CREMATION, REMOVAL (Specify) Removal

24b. DATE 9-1-51

24c. NAME OF CEMETERY OR CREMATORY Field Creek Ceme.

24d. LOCATION (City, town, or county) (State) Fulton Co. Ark.

DATE REC'D BY LOCAL REG. 9-10-51

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.

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

650



OCT 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 *Earl Martin*

Licensed Embalmer No. 3760

P. O. Address *Princeton, 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.