

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34289

State File No.

590

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

BIRTH NO. 752		REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 5690	Registrar's No. 86
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Yellow Creek T.W.P		c. LENGTH OF STAY (In this place) W.P		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Near Brookfield		
3. NAME OF DECEASED (Type or Print) a. (First) Amrilda		b. (Middle) C.		c. (Last) Ivers
4. DATE OF DEATH October 8 1951		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 13 1867
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 8 Days 25		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Gorton		
13b. MOTHER'S MAIDEN NAME Emarrarine Beason		14. NAME OF HUSBAND OR WIFE John L. Ivers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pyelitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Cholecystitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 mo. 15 yr. Unknown
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 8/15, 1951, to 10/8, 1951, that I last saw the deceased alive on 10/8, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Deputy Registrar) H. C. Spear		23b. ADDRESS Brookfield, Mo.		23c. DATE SIGNED 10/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 10 1951		24c. NAME OF CEMETERY OR CREMATORY New Boston
24d. LOCATION (City, town, or county) (State) New Boston Linn Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. Collins South Gifford Mo		
DATE REC'D BY LOCAL REG. 10-16-51		REGISTRAR'S SIGNATURE Walter Brown		167

Date Received: OCT 22 1961
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1277
Date Filed: OCT 23 1961

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 *W H McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford Wb

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.