V.S. No. 300
Rev. 10.48

0090
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 152

FILED FEB 15 1952

BIRTH NO. ____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LORANCE Twp.
c. LENGTH OF STAY (In this place): 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARBLE HILL ROUTE 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: BOLLINGER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LORANCE TWP
d. STREET ADDRESS (If rural, give location): MARBLE HILL ROUTE 1

0090

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): CECIL
c. (Last): IVEY

4. DATE OF DEATH (Month) (Day) (Year): 2-2-52

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-5-1891
9. AGE (In years last birthday): 60 — If under 1 year: Months 9, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WILLIAMSVILLE, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE IVEY
13b. MOTHER'S MAIDEN NAME: JOSEPHINE BRITTON
14. NAME OF HUSBAND OR WIFE: EMMA IVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~YES~~ YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 499-22-5902
17. INFORMANT'S SIGNATURE OR NAME: EMMA IVEY — ADDRESS: MARBLE HILL, MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 30, 1951, *to* Feb 2, 1952, *that I last saw the deceased alive on* Feb. 2, 1952, *and that death occurred at* 7 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Everette L. Price D.O. (Degree or title)
23b. ADDRESS: Lutesville, Mo.
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-5-52
24c. NAME OF CEMETERY OR CREMATORY: MT. ZION CEM.
24d. LOCATION (City, town, or county) (State): BOLLINGER CO. MO.

DATE REC'D BY LOCAL REG.: Feb 4 1952
REGISTRAR'S SIGNATURE: Willie Lou Ambrewright
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: BAKER FUNERAL HOME LUTESVILLE, MO

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed T. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.