

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24068**

**FILED JUL 23 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **4173** Registrar's No. **36**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Douglas</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava</b>		d. STREET ADDRESS (If rural, give location) <b>6</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Minnie Day</b>	b. (Middle) <b>Watson</b>	c. (Last) <b>Ives</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>7-13-52</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>6-4-77</b>	<b>9. AGE</b> (In years last birthday) <b>75</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work doing during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Cobden, Ill.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Rev. James J. Watson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Artz</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>N. B. Ives</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>N. B. Ives</b>	<b>ADDRESS</b> <b>Ava, Missouri</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 days</b> <b>6 months</b> <b>2 yrs?</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Acute Nephritis</b> <b>DUE TO (c) Ca. of Uterus, Rovault</b>		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>174X</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**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 4:19 A. M. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>M. C. Bentley M.D.</b>	<b>23b. ADDRESS</b> <b>Ava Mo</b>	<b>23c. DATE SIGNED</b> <b>7-15-52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7-16-52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Ava,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ava, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>July 21-52</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Walter Bushman</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Plinkingbeard</b>	<b>ADDRESS</b> <b>Funeral Home, Ava, Mo.</b>
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**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.