

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24903

FILED JUL 29 1952		REG. DIST. NO. <u>164</u>	PRIMARY REG. DIST. NO. <u>2032</u>	Registrar's No. <u>190</u>
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>	c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>		<u>0512</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center.</u>		d. STREET ADDRESS (If rural, give location) <u>607, S. Maguire.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>Forrest</u>	c. (Last) <u>Tivis.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July. 17, 1952.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3, Oct, 1903.</u>	9. AGE (In years last birthday) <u>48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Official</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank.</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lewis N. Tivis</u>		13b. MOTHER'S MAIDEN NAME <u>Lettie M. Thompson.</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Tivis.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-14-0229</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Tivis. Warrensburg, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, acute</u>		ANTECEDENT CAUSES		<u>6 wks.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>None</u>		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2043</u>		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 <u>May</u> , 19 <u>47</u> , to <u>July 17, 1952</u> , that I last saw the deceased alive on <u>July 17, 1952</u> , and that death occurred at <u>5:30 pm.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. Reed Maxson M.D.</u>		23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>7-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>19, July, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, MO.</u>	
DATE REC'D BY LOCAL REG. <u>July 19, 1952</u>	REGISTRAR'S SIGNATURE <u>Davenne</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips.</u>	ADDRESS <u>Warrensburg MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 22 1952
REGISTRATION

JOHNSON COUNTY HEALTH DEPARTMENT

MAR 3 1955

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 P. Q. Phillips.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.