No. 300
10.48

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43145

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 2921

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (In this place) 34 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wabash Employes' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
d. STREET ADDRESS (If rural, give location) 1115 Concannon Street

0883

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) KIVETT

4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/9/1873
9. AGE (In years last birthday) 79 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles R. Kivett
13b. MOTHER'S MAIDEN NAME Luanzie Maupin
14. NAME OF HUSBAND OR WIFE Mary Elizabeth Tippett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Not Available
17. INFORMANT'S SIGNATURE OR NAME Mr. Noble Kivett ADDRESS Glasgow Mo.

MEDICAL CERTIFICATION

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, 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: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — Years
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 None
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) Not an injury
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* Nov. 16, 1952, *to* Dec. 10, 1952, *that I last saw the deceased alive on* Dec. 10, 1952, *and that death occurred at* 3:32A *m., from the causes and on the date stated above.*

23a. SIGNATURE AVERY P. ROWLETTE, (Degree or title) M.D.
23b. ADDRESS 415 Woodland Avenue
23c. DATE SIGNED 12/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY Washington
24d. LOCATION (City, town, or county) (State) Glasgow Mo.

DATE REC'D BY LOCAL REG. 12/12/52
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR'S SIGNATURE Dudley-Tremont
ADDRESS Glasgow Mo.

269-0 (Licensed Embalmer's Statement on Reverse Side)

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

NOV 6 1953

JAN 2 1953

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: [illegible]

Licensed Embalmer No. 3978

P. O. Address: Glasgow 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.