

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5732

State File No.

0.300
0.48

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 1030

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>10 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>7130 Bellefontaine</u>	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

3. NAME OF DECEASED (Type or Print) <u>ADDIE</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>BIVENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>18</u> <u>53</u>
------------------------------------------------------------	------------------------------------------------------------	---------------------------------------------------------------------------------

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
---------------------------	-------------------------------------	---------------------------------------------------------------------------------	--------------------------------------------------	--------------------------------------------------	--------------------------------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	------------------------------------------------------------------------------

12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Michael Barnette</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Lawson</u>
---------------------------------------------------	------------------------------------------------------	---------------------------------------------------------

14. NAME OF HUSBAND OR WIFE <u>Wiley Bivens</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>None</u>
-----------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

17. INFORMANT'S SIGNATURE OR NAME <u>Wiley Bivens</u>	ADDRESS <u>7130 Bellefontaine</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary-vascular Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 21st, 1952, to Feb 17, 1953, that I last saw the deceased alive on 2-17-1953, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Weinberg</u> (Degree or title) <u>Dr. F. Weinberg, M.D.</u>	23b. ADDRESS <u>1204 Prospect</u>	23c. DATE SIGNED <u>2-18-53</u>
--------------------------------------------------------------------------------------------	---------------------------------------------	-------------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Maysville, Missouri</u>
--------------------------------------------------------------------	------------------------------------	----------------------------------------------------	------------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>2-18-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE-McCLURE</u>	ADDRESS <u>K.C. MO.</u>
---------------------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. H. ...
7204 Prospect
Jan 4211

MAR 13 1959

Am at 2:00

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 *J. T. Crowell*

Licensed Embalmer No. 4904

P. O. Address H. C. ...

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.