

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6669**

FILED MAR 10 1953

BIRTH NO.

REG. DIST. NO. **170**PRIMARY REG. DIST. NO. **3033**Registrar's No. **28**

1. PLACE OF DEATH

a. COUNTY **Laclede**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lebanon**c. LENGTH OF STAY (In this place) **18 Mo.**d. FULL NAME OF HOSPITAL OR INSTITUTION **552 Taylor**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before

a. STATE **Mo.** b. COUNTY **Laclede**c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lebanon**d. STREET ADDRESS (If rural, give location) **552 Taylor**

3. NAME OF DECEASED

(Type or Print) **Joseph**

a. (First)

b. (Middle) **A**c. (Last) **Givens**

4. DATE OF DEATH (Month) (Day) (Year)

Feb. 19 1953

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 26 1865

9. AGE (In years last birthday)

88

IF UNDER 1 YEAR

Months Days

IF UNDER 1 MIN.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Camden Co. Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

J. L. Givens

13b. MOTHER'S MAIDEN NAME

Mary Parick

14. NAME OF HUSBAND OR WIFE

Emma Givens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. J. A. Givens Lebanon Mo.

ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

arteriosclerotic heart disease

ANTECEDENT CAUSES

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

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

Influenza

INTERVAL BETWEEN ONSET AND DEATH

4 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (a.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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 1951**, to **Feb. 19, 1953**, that I last saw the deceased alive on **Feb. 18, 1953**, and that death occurred at **5.00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE

B. B. Hurst, M.D.

23b. ADDRESS

Lebanon, Mo. 2-27-53

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb. 22 1953

24c. NAME OF CEMETERY OR CREMATORY

Lebanon

24d. LOCATION (City, town, or county)

Lebanon

(State)

Mo.

DATE REC'D BY LOCAL REG.

2-28-1953

REGISTRAR'S SIGNATURE

Hella L. May

25. FUNERAL DIRECTOR'S SIGNATURE

Palmer's Lebanon Mo

ADDRESS

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

Received MAR 7 1953
Laclede County Health Unit
File No. 3-53-41
Date Filed MAR 9 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

S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Channon res.

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.