

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29120

State File No. _____

FILED SEP 2 - 1953

BIRTH NO. 12312 REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL BIG RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BIG RIVER</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR GRUBVILLE RRA1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>NEAR GRUBVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WAYNE</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>STIVERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 11 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEANT</u>	
8. DATE OF BIRTH <u>FEB 10 - 1953</u>		9. AGE (In years, last birthday) <u>0</u>		IF UNDER 1 YEAR: Months <u>6</u> Days <u>1</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>EDWARD STIVERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LEONARD</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Stivers</u> ADDRESS <u>GRUBVILLE MO RRA1</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dis. to aorta</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteria-Mal Nutritione</u> DUE TO (c) <u>Reserct-y Neglect</u>		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>E9260</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) <u>05</u> (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. B. Edwards M.D.</u> (Degree or title)		23b. ADDRESS <u>Cedar Hill</u>		23c. DATE SIGNED <u>8/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ambelle Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Ambelle</u>		24e. LOCATION (City, town, or county) <u>Ambelle</u>		24f. STATE <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>8/14/53</u>		REGISTRAR'S SIGNATURE <u>Hazel Marden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osley & Lewis</u> ADDRESS <u>St. Paul, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 24 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 _____

Not embalmed
working under my personal supervision.

Student Embalmer No.

Signed *J. M. Lent* _____

Signed.....
Student Embalmer

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, 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.