

No. 300  
10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34888**

FILED OCT 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY OR TOWN <b>Kirksville</b>	c. LENGTH OF STAY (in this place) <b>9 days</b>	c. CITY OR TOWN <b>Kirksville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Kirksville Osteopathic Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>616 North Elson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>	b. (Middle) <b>Theodore</b>	c. (Last) <b>Ivers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 7, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 2, 1905</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stitcher (shoe)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Boston, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John L. Ivers</b>	13b. MOTHER'S MAIDEN NAME <b>Armilda Garton</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Hammond Ivers</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-10-6714</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W. T. Ivers - 616 N. Elson, Kirkville, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>28 hrs</b> <b>9 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b>	DUE TO (b) <b>Cerebral hemorrhage</b>	
	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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 29, 1953**, to **Oct 7, 1953**, that I last saw the deceased alive on **Oct 7, 1953**, and that death occurred at **11:47 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. T. Ivers M.D.</b>	23b. ADDRESS <b>Kirkville, Mo.</b>	23c. DATE SIGNED <b>10-8-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 9, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-9-53</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Robert B. Davis, Kirkville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....

Signature of Student Embalmer

Signed *Robert B. Davis* .....

Licensed Embalmer No. *4219* .....

P. O. Address *Riversville, Md.* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.