No. 300
10.48

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17734

BIRTH NO. 94922-53 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 36

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1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi
c. LENGTH OF STAY (in this place): 5 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Rural-Breton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Near Potosi 11 00

3. NAME OF DECEASED (Type or Print): a. (First) Archie b. (Middle) Shivers Jr. c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): May 28 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 18 1953
9. AGE (In years last birthday): If under 1 year: Months 5 Days 10; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Washington Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Archie Shivers Sr.
13b. MOTHER'S MAIDEN NAME: Rosa Lamkey
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Archie Shivers Sr. ADDRESS: Potosi Mo.

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.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition
DUE TO (c) Congenital Systolic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Murmur heart

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490 X
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) m.
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* 5/21, 1954 *to* 5/28, 1954, *that I last saw the deceased alive on* 5/28, 1954, *and that death occurred at* 12 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lt. Cresswell MD 0
23b. ADDRESS: Potosi, Mo.
23c. DATE SIGNED: 6/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-30-54
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hills Mem.
24d. LOCATION (City, town, or county) (State): Washington Co. Mo.

DATE REC'D BY LOCAL REG.: 6/1/54
REGISTRAR'S SIGNATURE: Helmut Evdall 403-10
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs Luther Spark ADDRESS: Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 1 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 428

P. O. Address Oak Rivers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.