No. 300
10.48

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

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19489

BIRTH NO. 44514-53 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon T.s.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lebanon Rt. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon T.S.
d. STREET ADDRESS (If rural, give location): Lebanon Rt. 4

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

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 7, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 11 Days: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): None.
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (State or foreign country): Laclede County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William D. Shivers
13b. MOTHER'S MAIDEN NAME: Ida Mae Jones
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ruby Wilson, BonnerSprings, Kan

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) Fractured Skull — 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) auto accident
DUE TO (c)

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

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): High way 32
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Lebanon T.S. Laclede Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 27 54 2:30P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: auto accident

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* 2:30P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L R Palmer Jr. Coroner
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: 6-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-54
24c. NAME OF CEMETERY OR CREMATORY: Cross Roads Cemetery
24d. LOCATION (City, town, or county) (State): Laclede County Missouri

DATE REC'D BY LOCAL REG.: 7-2-1954
REGISTRAR'S SIGNATURE: Hella L. Hays
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stanley R Palmer

(Licensed Embalmer's Statement on Reverse Side)

Received JUL 3 1954
Laclede County Health Uni
File No. 7-54-104
Date Filed JUL 6 1954

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 Stanleigh R. Palmore

Licensed Embalmer No. 4810

P. O. Address Lebanon 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.