

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24043

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5989</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Grant</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LIVONIA</u>				e. STREET ADDRESS (If rural, give location) <u>LIVONIA 0860</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>			b. (Middle) <u>BELL</u>		c. (Last) <u>HIVERNIAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 - 54</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Aug 16 - 1872</u>		9. AGE (In years last birthday) (If under 1 year, give Months) (If under 24 hrs, give Hours) (Min.) <u>81</u> <u>10</u> <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co. MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JAMES NEAGLE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY BOWLANDER</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOWARD HIVERNIAN - LIVONIA.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> <u>Brain Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 1</u> , 19 <u>53</u> , to <u>June 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 25</u> , 19 <u>54</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>P. V. Hart</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Coatsville MO</u>			23c. DATE SIGNED <u>June 27</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>June 27, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIVERNIAN CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co MO</u>			
DATE REC'D BY LOCAL REG. <u>7-30-54</u>		REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FD Hunter</u>		ADDRESS <u>Lawtonville</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Murphy Husted

Licensed Embalmer No. *530*

P. O. Address *Annville*

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.