

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **462**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **101**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Cape Girardeau</b> |  | c. CITY OR TOWN <b>Cape Girardeau</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>46 yrs.</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>406 North Louisiana</b>                            |  |  |  |
| e. STREET ADDRESS (If rural, give location) <b>406 North Louisiana</b>                        |  |  |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>CHRIS</b> b. (Middle) <b>E.</b> c. (Last) <b>STIVER</b>      |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>February 3, 1955</b> |  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>         |  |
| 8. DATE OF BIRTH<br><b>January 19, 1881</b>  |  | 9. AGE (In years last birthday) <b>71</b> 0 <b>0</b> 11   |   | 10. UNDER 1 YEAR: Months <b>0</b> Days <b>11</b>                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman, ret.</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Cement Co.</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Philadelphia, Penn.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b>   |  | 13a. FATHER'S NAME<br><b>Chas I. Stiver</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Hagey</b>                                  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Gladys B. Stiver</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |   | 16. SOCIAL SECURITY NO.<br><b>413-07-4339</b>                                    |  |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Gladys B. Stiver Cape Girardeau, Mo.</b>                             |  |   |   |  |  |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>                      |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Instant.</b>                                 |
| ANTECEDENT CAUSES  |  | DUE TO (b) _____   |  |   |   |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (c) _____   |  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>*Conditions contributing to the death but not related to the disease or condition causing death.   |  | <b>Coronary artery disease</b>   |  |   | <b>5 yr.</b>  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>331X</b>  |  |   | 20. AUTOPSY?<br>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 ~~Jan 13~~ **Mar 5, 1948**, to **Feb 3, 1955**, that I last saw the deceased alive on **Jan 13, 1955**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

|  |  |                                  |  |  |  |  |  |
|--|--|----------------------------------|--|--|--|--|--|
| 23a. SIGNATURE<br><b>Charles F. Wilson M.D.</b>            |  | (Degree or title)                |  | 23b. ADDRESS <b>717 Broadway Cape Girardeau, Mo.</b>           |  | 23c. DATE SIGNED <b>2-5-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>Feb. 5, 1955</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lorimier Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Cape Girardeau, Missouri</b> |  |

|   |  |   |  |   |  |                                       |  |
|---|--|---|--|---|--|---------------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><b>2-6-55</b> |  | REGISTRAR'S SIGNATURE<br><b>C. C. Summers</b> |  | 25. FUNDAL DIRECTOR'S SIGNATURE<br><b>Walker's Funeral Home</b> |  | ADDRESS<br><b>Cape Girardeau, Mo.</b> |  |
|---|--|---|--|---|--|---------------------------------------|--|

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

NOV 15 1955

APR 15 1955

JUL 8 1955

APR 29 1960

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 *Virgil W. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.