

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15730**

FILED JUN 1 1955

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Todd	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Missouri Rural - 3 Mo 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove, Mo. 4000	
c. LENGTH OF STAY (In this place) 3 Mo 3 days		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) L. c. (Last) Nivens			4. DATE OF DEATH (Month) (Day) (Year) 5 18 55		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	
8. DATE OF BIRTH 6-25-1881		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY O & RP		11. BIRTHPLACE (State or foreign country) Jackson County Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Nathan Hunt		13b. MOTHER'S MAIDEN NAME Martha Corn		14. NAME OF HUSBAND OR WIFE Hardy Nivens	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Noah Hutchens Oak Grove Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Carcinoma of bladder 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.				INTERVAL BETWEEN ONSET AND DEATH 3 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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, 1955, to May, 1955, that I last saw the deceased alive on May 18, 1955, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Robert Nissen		22b. ADDRESS 1212 W. T. Ryan Independence, Mo		22c. DATE SIGNED 5-19-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22-55		24c. NAME OF CEMETERY OR CREMATORY LONE JACK		24d. LOCATION (City, town, or county) (State) LONE JACK MO	
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DATE REC'D BY LOCAL REG. 5-23-55		REGISTRAR'S SIGNATURE N. B. Lange		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Oak Grove Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 1955

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 _____

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.