

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

FILED FEB 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo Rural</u>		c. LENGTH OF STAY (in this place) <u>Life.</u>		c. CITY OR TOWN <u>Waynesville, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>bx</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>None.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Rt. # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Delbert</u>		c. (Last) <u>Hively.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Dec. 22, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hammond, Indiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William W. Hively.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Graves.</u>		14. NAME OF HUSBAND OR WIFE <u>Cathrine Leola Gray.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Wickman Richland, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>				DUE TO (b) <u>arteriosclerosis</u>				Several yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) _____		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>1-24-</u> , 19 <u>56</u> , to <u>1-26-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-26-</u> , 19 <u>56</u> , and that death occurred at <u>10:45 m.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ervin J. Maveal, D.O.</u>				23b. ADDRESS <u>Waynesville, Missouri</u>		23c. DATE SIGNED <u>1-27-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-27-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		EMBALMER'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Richland, MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 1-28-56  
Office 1-27-56

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 *Clarence Grose*

Licensed Embalmer No. 489

P. O. Address *W. P. ...*

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.