

S. No 3300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36479**
Registrar's No. **2545**

FILED NOV. 7 - 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2545	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 12 Hours		c. CITY OR TOWN Overland		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				e. STREET ADDRESS (If rural, give location) 9750 Royalton Court			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) ROSS c. (Last) GIVIDEN			4. DATE OF DEATH Month 10 Day 26 Year 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1911		9. AGE (in years last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather		10b. KIND OF BUSINESS OR INDUSTRY Lathing		11. BIRTHPLACE (City and State or Foreign Country) Duenweg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W. Gividen		13b. MOTHER'S MAIDEN NAME Birdie Belle Gividen		14. NAME OF HUSBAND OR WIFE Lena E. Gividen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. W.W.# 2 495-05-2936		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena E. Gividen-9750 Royalton Ct.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUNSHOT WOUND OF HEAD ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subdural Hemorrhage Rt. DUE TO (c) Auulsion of Brain-Traumatic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 12 hrs. 12 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION -976x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland-St. Louis, Missouri			
21d. TIME OF INJURY Month 10 Day 26 Year '56 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head.			
22. I hereby certify that I attended the deceased from 10-26, 1956 , to 10-26, 1956 , that I last saw the deceased alive on 10-26, 1956 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard A. King M.D.				23b. ADDRESS 601 S. Brentwood Blvd.		23c. DATE SIGNED 10-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-30-56	24c. NAME OF CEMETERY OR CREMATORY Carthage Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
DATE REC'D BY LOCAL REG. 10-29-56		REGISTRAR'S SIGNATURE Richard Kalonke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Baumgardner & Sons Inc.		ADDRESS 2504 Woodson Road, Overland	

WRITE PLAINLY—USING UNFADING 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.. *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland 74*

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.