

pt. Health,
, & Welfare
S. Public
lth Service

7. S. 300
ev. 1-57

FILED DEC 30 1957

STANDARD CERTIFICATE OF DEATH

43798
STATE FEE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 5814

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City, North</u>		c. CITY OR TOWN <u>Kansas City, North</u>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>4016 E. 52nd. Terr.</u>		10 ¹ d. STREET ADDRESS (If outside, give location) <u>4016 E. 52nd. Terr.</u>	

3. NAME OF DECEASED (Type or print) First <u>Stuart</u> Middle <u>-</u> Last <u>Diven</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>5</u> Year <u>1957</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 28, 1896</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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	11. BIRTHPLACE (City and state or country) <u>Cameron, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Fred Diven</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Diven</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-36-4878</u>	17. INFORMANT <u>Harold Diven</u>	Address <u>Liberty, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c)). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
DUE TO (b) <u>abdominal hemorrhage (rectal)</u>		<u>8 hrs.</u>
DUE TO (c) <u>metastatic abdominal carcinoma, primary in rectum</u>		<u>4 mos.</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>5</u> Month <u>June</u> Day <u>5</u> Year <u>1957</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Cameron, Mo.</u>	COUNTY <u>Clay</u> STATE <u>Missouri</u>
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21. I attended the deceased from <u>June 1957</u> to <u>Dec. 5, 1957</u> and last saw ^{her} him alive on <u>Dec. 5, 1957</u> Death occurred at <u>SP</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. Edwards, Jr. D. O. <u>12-7-57</u>	22b. ADDRESS <u>2510 E. Vivion Rd. K. C. 16, Mo.</u>	22c. DATE SIGNED <u>12-7-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>12-7-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mc Daniel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cameron, Mo.</u>
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24. FUNERAL DIRECTOR <u>De Moss Crunk</u>	ADDRESS <u>Cameron, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-10-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Harold L. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lehigh, Pa.*

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.