

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44901

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 66

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Edina</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>La Belle</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gibson Hospital</u> | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Christine</u> Last <u>Hively</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>9</u> Year <u>1957</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 7, 1894</u> |
| 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Taylor, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Henry Haines</u> | 13b. MOTHER'S MAIDEN NAME <u>Haines</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Cloyde Hively</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>b</u> <u>d</u> | 16. SOCIAL SECURITY NO. <u>0</u> |
| 17. INFORMANT <u>Mrs. Louie Sisk</u> | | Address <u>La Belle, Missouri</u> | |
| 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>Thrombia</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Advanced Arteriolosclerotic Nephrosclerosis</u> | | | |
| DUE TO (c) <u>Arteriosclerosis</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>446X</u> | | | 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.) | | |
| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u> | | | |
| 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 | COUNTY STATE |
| 21. I attended the deceased from <u>July 25, 1957</u> to <u>Dec 9, 1957</u> and last saw her alive on <u>Dec. 9, 1957</u> Death occurred at <u>9:25 p</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>E. H. Gibson, D.D.</u> (Degree or title) | | 22b. ADDRESS <u>Edina, Mo.</u> | 22c. DATE SIGNED <u>12-10-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/12/1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Barry cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Barry Illinois</u> |
| 24. FUNERAL DIRECTOR <u>J. A. Coker</u> | ADDRESS <u>La Belle, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec. 11-57</u> | 26. REGISTRAR'S SIGNATURE <u>Hele S. Hunolt</u> |

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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 myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. J. [Signature]
Licensed Embalmer No. 4328
P. O. Address La Belle, Mo.

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.