

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013750

STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 19

S. 300
1-57

361
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY WASHINGTON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SULLIVAN 1100		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTHSIDE		Length of stay in lb 16 DAYS		d. STREET ADDRESS (If outside, give location) R. P. 5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) BERTHA SCOTT STIVERS				4. DATE OF DEATH Month MAY Day 7 Year 1958				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 2, 1880		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIBRARIAN		10b. KIND OF BUSINESS OR INDUSTRY LIBRARY		11. BIRTHPLACE (City and state or country) WASHINGTON CO, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME HENRY SCOTT			13b. MOTHER'S MAIDEN NAME EMILY REYNOLDS			14. NAME OF HUSBAND OR WIFE ERNEST STIVERS		
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. 498-14-5623		17. INFORMANT ERNEST STIVERS Address SULLIVAN, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 wks.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Cardiovascular Disease, Yaws.				4221		
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.)					
20c. TIME OF INJURY Hour a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <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 1954 to May 7-1958 and last saw her ^{her} alive on May 7-1958 Death occurred at 11:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robert McCrawford M.D. (Degree or title)				22b. ADDRESS Sullivan, Mo.		22c. DATE SIGNED May 8-1958		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
BURIAL		MAY 10, 1958	I.O.O.F CEMETERY		SULLIVAN MO.			
24. FUNERAL DIRECTOR Harleton Sullivan, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. MAY 8, 1958		26. REGISTRAR'S SIGNATURE Thomas C. Humphrey			

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 *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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.