

Health,
& Welfare
Public
Service

300
1-57
450
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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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036208
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 382 Primary Registration District No. 5543 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Bonelik Township</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bonelik Township</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Tru's. Glasgow</u>		Length of stay in lb. <u>Life</u>	STREET ADDRESS (If outside, give location) <u>7 mi. S. Glasgow</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Eaton</u> Last <u>Ivy</u>			4. DATE OF DEATH <u>Oct. 31, 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 12, 1899</u>	9. AGE (In years less birthday) <u>61</u>	IF UNDER 1 YEAR Month <u>9</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Howard Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Ivy</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Long</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Libmore Ivy</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Not available</u>	17. INFORMANT <u>Mrs. Char. Ivy Franklin</u>	Address <u>Franklin 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>aplastic paraplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>poenuncious anemia.</u>	
	DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2900</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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Boonville Mo.</u>	COUNTY <u></u>	STATE <u></u>
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21. I attended the deceased from Sept 29, 1958 to Oct 31, 1958 and last saw him alive on Oct 27, 1958
Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Arnold Ruvenwray MD</u> (Degree or title)	22b. ADDRESS <u>Boonville Mo.</u>	22c. DATE SIGNED <u>Nov 6, 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 2, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clark's Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Near Boonville Mo.</u>
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24. FUNERAL DIRECTOR <u>Andeley - Truimonth Glasgow</u>	ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 7, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Walker Andeley</u>
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(Consent Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

NOV 17 1958

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 *E. J. Remond*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.