

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. TRIBBLE 59-016444  
STATE FILE NUMBER

FILED APR 24 1959 Registration District No. 333 Primary Registration District No. 6114 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MORLEY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>MORLEY</b> <sup>1000</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>---</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>LILLIAN SPANN HAVENS</b>			4. DATE OF DEATH Month Day Year <b>4-3-59</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-28-1882</b>	9. AGE (In years last birthday) <b>76</b>	IF FUNDER 1 YEAR Months Days <b>76</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>SCOTTFIELD KY</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>---</b>	13c. NAME OF HUSBAND OR WIFE <b>AMPLES M. HAVENS</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT Address <b>A. M. Haven - Morley MO</b>
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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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Renal Failure</b>	
	DUE TO (c) <b>2 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>592X</b>		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.) <b>---</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>---</b>	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.) <b>---</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>---</b>
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21. I attended the deceased from Dec 1956 to 3 Apr 59 and last saw her alive on 3 Apr 59 Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Dr. Tribble MD</b> (Degree or title)	22b. ADDRESS <b>Morley MO</b>	22c. DATE SIGNED <b>5 Apr 59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-5-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OLD CITY</b>	23d. LOCATION (City, town, or county) (State) <b>MORLEY MO</b>
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24. FUNERAL DIRECTOR Address <b>Weld Funeral Home - Sikeston MO</b>	25. DATE RECD. BY LOCAL REG. <b>4-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Marcella Hunter</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 *Raymond Lewis* \_\_\_\_\_

Licensed Embalmer No. *3467* \_\_\_\_\_

P. O. Address *Sikeston 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.