MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005826
STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. 4296 Registrar's No. 16

FILED VS FEB 21 1961

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LaGrange
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home in LaGrange
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lewis
c. CITY OR TOWN: LaGrange
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): No street address
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Ernest Middle: L. Last: Schiver
4. DATE OF DEATH: Month: January Day: 24 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: May 12 1887
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Gravel Company
11. BIRTHPLACE (City and state or country): LaGrange Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George L. Schiver
13b. MOTHER'S MAIDEN NAME: Lula Shelbina
14. NAME OF HUSBAND OR WIFE: Gladys Rahs Schiver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Murray Schiver Address: Palmyra, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — 20 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1953 to 1961 and last saw ~~her~~ him alive on 1-24-61
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John Dykstra (Degree or title) D.O.
22b. ADDRESS: Canton, MO
22c. DATE SIGNED: 1-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan-27, 1961
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): LaGrange Missouri
24. FUNERAL DIRECTOR: J. Kenneth Bailey ADDRESS: LaGrange, Mo
25. DATE RECD. BY LOCAL REG.: 2-16-61
26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

APR 19 1961

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. Kenneth Bailey

Licensed Embalmer No. 4348

P. O. Address La Grange, Ga.

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.