

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 306 Primary Registration District No. 6049 Registrar's No. 157 STATE FILE NUMBER

VS 300
Rev. 4/59

10920
20926

3
4 0
5 1
6
7 1
8 2
94201

10
11
1290-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dardenne</u>		Length of stay in 1b <u>7 years</u>	c. CITY OR TOWN <u>O'Fallon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>512 Hwy 175</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>512 Hwy 175</u>
3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>J.</u> Last <u>Bivens</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>26,</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</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>11-17-07</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Manufacturer</u>	9. AGE (last birthday) <u>54</u>
13a. FATHER'S NAME <u>Wayne Bivens</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Harris</u>	11. BIRTHPLACE (City and state or country) <u>Jonesboro, Ark.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy (Panquist) Bivens</u>	
17. INFORMANT <u>Mrs. Dorothy Bivens</u>		Address <u>O'Fallon, Mo.</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>CORONARY Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____	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 <u>7-27-59</u> to <u>3-18-60</u> and last saw him alive on <u>3-18-60</u> Death occurred at <u>8:40</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Rene J. Dunsmont</u> (Degree or title)		22b. ADDRESS <u>O'Fallon, Mo</u>	22c. DATE SIGNED <u>2-29-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 30, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Mem. Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>St. Charles Cty. Mo.</u>
24. FUNERAL DIRECTOR <u>Keithly-Davis Chapel</u> ADDRESS <u>O'Fallon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-29-62</u>	26. REGISTRAR'S SIGNATURE <u>E. H. Kelly</u>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 7 1962

SEP 7 1962

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 Jerry A. Davis

Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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.