

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1948

Registration District No. 12

Primary Registration District No. 5661

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Central
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community All his life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT NAME William Asbury Rives

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha B. Rives

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 30 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 11 23 hr. _____ min.

9. Birthplace Barton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. J. Rives

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Young

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Rives

(b) Address Route 1, Iantha, Mo.

17. (a) Burial (b) Date thereof Apr. 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Missouri

19. (a) APR 26 1948 (b) Marie Kanantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 2:50 minute P.

21. I hereby certify that I attended the deceased from Feb. 21, 1948 to April 23, 1948
that I last saw him alive on April 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation with cardiac decompensation

Due to broncho-pneumonia

Duration

7/15/48

7/12/48

Due to _____

Other conditions enlarged prostate
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 950

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature John T. Bichel (M. D. or other) MD.

Address Lamar, Mo. Date signed 9/29/48

W. B. Clark

RECEIVED

District Health Officer No. 6;

District File Number 548-561

Date Filed MAY 6 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clarence H. Chiles*

Licensed Embalmer No. 3473

P. O. Address *Landon Md*

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 this body is not embalmed, fact should be so stated above.