

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27536

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 296

0644

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

1. PLACE OF DEATH a. COUNTY <u>MAHON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal MO</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Bowling Green 08th</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>—</u>	
c. (Last) <u>Givens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>11-4-1894</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>PIKE CO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>George Givens</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Crest</u>		14. NAME OF HUSBAND OR WIFE <u>Hilda Givens</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>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Givens</u>		ADDRESS <u>Bowling Green</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
DUE TO (c) <u>Rheumatic fever</u>		? <u>?</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4011	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>8-14</u> , 19 <u>50</u> , to <u>8-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>50</u> and that death occurred at <u>3:45 pm</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. L. Green M.D.</u> (Degree or title)		23b. ADDRESS <u>100 N. 11th St. Hannibal MO</u>	
23c. DATE SIGNED <u>8/20/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1)</u>	
24b. DATE <u>8-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	
24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. M. Tucker</u> ADDRESS <u>Bowling Green MO</u>	
DATE REC'D BY LOCAL REG. <u>8-29-50</u>		REGISTRAR'S SIGNATURE <u>W. E. M. Tucker</u>	

RECEIVED SEP 11 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 14 1950

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
Student Embalmer

Signed Harold C. Kiser

Licensed Embalmer No. 4597

P. O. Address Darlington Green, N.C.

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.