No. 300
10.48

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9120

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. 7

0510
1

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grover - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural- Grover

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Grover 0510 0
d. STREET ADDRESS (If rural, give location): Grover Township

3. NAME OF DECEASED (Type or Print)
a. (First): Glo
b. (Middle): Vina
c. (Last): Sivils

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1951

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 7 1867
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri-Johnson Co. 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Richard Welch
13b. MOTHER'S MAIDEN NAME: Lydia Jane Meers
14. NAME OF HUSBAND OR WIFE: Wm. S. Sivils

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Chr. Valvular Disease — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓ — 4214

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☒

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): Knob Noster, Johnson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* Feb 15, 1951, *to* Mar 9, 1951 *that I last saw the deceased alive on* Mar 9, 1951, *and that death occurred at* 4 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Grove M.D. 0
23b. ADDRESS: Knob Noster Mo
23c. DATE SIGNED: Mar 11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Mar. 11, 1951
24c. NAME OF CEMETERY OR CREMATORY: Fair Oak
24d. LOCATION (City, town, or county) (State): Warrensburg, RFD. Mo.

DATE REC'D BY LOCAL REG.: 4-7-51
REGISTRAR'S SIGNATURE: Erma L. Beatty 149 H.S.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sweeney-Phillips, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 13 1951
JOHNSON COUNTY HEALTH DEPT.

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.