No. 300
10.48

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

REC'D AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25494 7361

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0
c. LENGTH OF STAY (in this place): 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Shelby 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hunnewell 1
d. STREET ADDRESS (If rural, give location): Town Limits

3. NAME OF DECEASED (Type or Print)
a. (First): Leta
b. (Middle): Ellen
c. (Last): Givan

4. DATE OF DEATH (Month) (Day) (Year): 7 28 52

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 7, 1886
9. AGE (In years last birthday): 65 — If under 1 year: Months 8, Days 21 — 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: At home
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James A. Spencer
13b. MOTHER'S MAIDEN NAME: Mary A. Ragsdale
14. NAME OF HUSBAND OR WIFE: Grover J. Givan

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

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) Arterio-Sclerotic heart dis — INTERVAL BETWEEN ONSET AND DEATH: 8 years.
Annular Fibrillation — 7 days.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolus popliteal art (Lt.) — 24 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Possible Toxic adenoma thyroid

19a. DATE OF OPERATION: 7-21-52
19b. MAJOR FINDINGS OF OPERATION: Hiatal hernia repaired
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* 7-22, 1952, *to* 7-28, 1952, *that I last saw the deceased alive on* 7-28, 1952, *and that death occurred at* 4:23 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Hammond (Degree or title) M.D.
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 7/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-28-52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Hunnewell, Missouri

DATE REC'D BY LOCAL REG.: JUL 31 1952
REGISTRAR'S SIGNATURE: Dr. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe — ADDRESS: 4700 Washington
(Licensed Embalmer's Statement on Reverse Side)

HT

AUG 18 1952

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~~ Me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.