

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24219

State File No. _____

No. 300
10-48

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>liberty</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		6001 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>627 Richfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mariva</u> b. (Middle) <u>C.</u> c. (Last) <u>Archer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1-53.</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 28-1867</u>		9. AGE (In years; last birthday) <u>86</u>		10. UNDER 1 YEAR (Specify) Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mosby, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mosby, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Thomas Crockett</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Everett</u>		14. NAME OF HUSBAND OR WIFE <u>John Archer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Archer, Liberty, Missouri</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cerebral Haemorrhage</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Gen. Arteriosclerosis</u>					
		DUE TO (c) <u>H. Senility</u>					
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 <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>H</u>		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 May, 1953, to Aug, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. Goodson M.D.</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>8/2/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>August 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham 491</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Penner-Orner Co. Liberty, Mo.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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510

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

John Larborg

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.