

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 25 1953

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rich Hill</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>N. 6th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Taylor</u>	c. (Last) <u>Sivils</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrenburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Taylor Sivils</u>	13b. MOTHER'S MAIDEN NAME <u>Mary -</u>	14. NAME OF HUSBAND OR WIFE <u>Anna L. Sivils</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS No. <u>Earl Sivils Harrisonville</u>	
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18. CAUSE OF DEATH. Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE <u>Accident</u> HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rest-home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Britt Pleasant, Bates, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-18-53 9:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell out window</u>
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22. I hereby certify that I attended the deceased from 11/18, 1953, to 11/18, 1953; that I last saw the deceased alive on 11/18/53, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carter W. Guter, M.D.</u>	23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>11-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rich Hill Mo.</u>
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DATE REC'D BY LOCAL REG. <u>NOV-19-53</u>	REGISTRAR'S SIGNATURE <u>Thendall Kessing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carhu-Underwood Butler</u>	ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 358

P. O. Address Butler, N.J.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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