

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15332**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville</u>	
c. LENGTH OF STAY (In this place)		OR TOWN <u>Miss</u>	
d. FULL NAME (If not in hospital or institution, give street address or location) <u>Chas. E. Hill Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>Lee</u> c. (Last) <u>SHIVERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May. 19-54</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 26-1918</u>		9. AGE (In years) (If under 1 year, last birthday) (If under 2 years, Months) (If under 3 years, Days) (If under 4 years, Hours) (If under 5 years, Min.) <u>35</u>	
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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		11. BIRTHPLACE (City and State or Foreign Country) <u>Frank Creek, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Geo. Cassival</u>		13b. MOTHER'S MAIDEN NAME <u>Lydus Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Delmar Shivers</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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Delmar Shivers Russellville, Mo.</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1 PULMONARY EDEMA</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>LOWER NEPHRON NEPHROSIS &amp; ANURIA</u>					
		DUE TO (c) <u>TOXEMIA OF PREGNANCY</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>SPONTANEOUS ABORTION (5 MONTHS)</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6520</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from MAY 19<sup>th</sup>, 1954, to MAY 19<sup>th</sup>, 1954, that I last saw the deceased alive on MAY 19<sup>th</sup>, 1954, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Southern Everett Duffer D.O.</u>		23b. ADDRESS <u>209 Monroe Jefferson City</u>		23c. DATE SIGNED <u>5/20/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Frank Creek Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 20-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MP</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u>		ADDRESS <u>Russellville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*G. Steffen*

Licensed Embalmer No. 2307

P. O. Address Russellville

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.