

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32797**

FILED OCT 13 1954

1020

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

|   |  |  |  |   |  |  |                           |
|---|--|--|--|---|--|--|---------------------------|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>340</u>  |  | PRIMARY REG. DIST. NO. <u>151</u>   |  | Registrar's No. <u>80</u>  |                           |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> |  |  |                           |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural 1 (Elk)</u> )  |  |  | c. LENGTH OF STAY (in this place)        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Elk)</u>   |  |  | <u>1020</u>               |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>R.F.D. #2, Essex, Mo.</u>  |  |  |                           |
| 3. NAME OF DECEASED (Type or Print)   |  | a. (First) <u>Wanda</u>  |  | b. (Middle) <u>Carol</u>  |  | c. (Last) <u>Bivens</u>  |                           |
| 4. DATE OF DEATH  |  | (Month) <u>Oct.</u>  |  | (Day) <u>7,</u>   |  | (Year) <u>1954</u>   |                           |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>                            | 8. DATE OF BIRTH <u>Aug. 10, 1954</u>    | 9. AGE (In years last birthday) <u>0</u>  | IF UNDER 1 YEAR Months <u>1</u>                                    | IF UNDER 1 YEAR Days <u>27</u>   | IF UNDER 1 HR. Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holly Grove, Arkansas</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>  |                           |
| 13a. FATHER'S NAME <u>William T. Bivens</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Lela Ruth Jones</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>none</u>   |  |  |                           |
| 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>----</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>William T. Bivens, Essex, Mo. R. 2</u>   |  |  |                           |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |                           |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest with extreme dehydration</u>   | ANTECEDENT CAUSES  |  |  |   |  | DUE TO (b) _____   |                           |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DIARRHEA</u> |  |  |   |  | DUE TO (c) _____   |                           |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Diarrhea</u>   | _____  |  |  |   |  | _____  |                           |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION <u>5710</u>   |  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                           |
| 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) _____   |  | _____  |                           |
| 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 <u>Oct. 6, 1954</u> , to <u>Oct. 7, 1954</u> , that I last saw the deceased alive on <u>Oct. 7, 1954</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above. |  |  |  |   |  |  |                           |
| 23a. SIGNATURE <u>Robert Ellis Gibben</u> (Degree or title) <u>D.O.</u>   |  |  |  | 23b. ADDRESS <u>14 No. Walnut St. Dexter Missouri</u>   |  | 23c. DATE SIGNED <u>10-7-54</u>  |                           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |  | 24b. DATE <u>10-7-54</u>   | 24c. NAME OF CEMETERY OR CREMATORY _____ |   | 24d. LOCATION (City, town, or county) (State) <u>Roe, Arkansas</u> |  |                           |
| DATE REC'D BY LOCAL REG. <u>10-8-54</u>   |  | REGISTRAR'S SIGNATURE <u>Walter H. Fenwick</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>   |  | ADDRESS <u>Dexter, Mo.</u>   |                           |

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

*Max Embalmers*

Signed \_\_\_\_\_

*J. S. Swell*

Licensed Embalmer No. 3479

P. O. Address Dept. 1110

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.