

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

FILED JAN 14 1955

State File No. **41896**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>Pennsac</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pennsac</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Pecosda town</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brigg City</b>	
c. LENGTH OF STAY (in this place) <b>21 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Route 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Green</b> c. (Last) <b>Rivers</b>	4. DATE OF DEATH (Month) <b>Nov</b> (Day) <b>26</b> (Year) <b>1954</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-23-1886</b>	9. AGE (In years last birthday) <b>68</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Canada / Mass</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Oliver Rivers</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Norma Rivers</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Norma Rivers</b>	ADDRESS <b>Brigg City MO</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure Left</b>		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) <b>Chronic Intestinal Neoplasia</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostate Gland</b>			

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 SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Brigg City MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-26-54 11:26 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from **10-23**, to **11-26**, 19**54**, that I last saw the deceased alive on **11-25**, 19**54**, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>W. Rivers</b>	23b. ADDRESS <b>Brigg City MO</b>	23c. DATE SIGNED <b>11-27-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-27-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kenneth</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett MO</b>
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DATE REC'D BY LOCAL REG. <b>12-31-54</b>	REGISTRAR'S SIGNATURE <b>John W. German</b>	406	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard Funeral Home, Smith MO</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

180

1-14-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 13 1955

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 H. Howard

Licensed Embalmer No. 8959

P. O. Address Lawrence, 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.