

FILED FEB 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1210**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Missouri		c. LENGTH OF STAY (in this place) 7 weeks	c. CITY OR TOWN Fayette
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS: 204 W. Davis		(If rural, give location) 0-45/0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Louise	c. (Last) Givens	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 10, 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 20	IF UNDER 24 HRS. Hours 20 Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Modern Language	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Kring Givens	13b. MOTHER'S MAIDEN NAME Nannie Duncan	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY (If yes, give war or dates of service) 412-36-3722	17. INFORMANT'S SIGNATURE OR NAME Charles E. Givens	ADDRESS 204 W. Davis, Fayette, Mo.
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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, asthenia, 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) Metastatic Carcinoma		2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Bladder		2 yrs
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 181X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 12-15, 1956, to 1-30, 1956, that I last saw the deceased alive on 1-30, 1956, and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Bloom M.D.	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 2-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/1/1956	24c. NAME OF CEMETERY, OR CREMATORY Walnut Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
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DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE Mary R. Shell	436	25. FUNERAL DIRECTOR'S SIGNATURE Harold A. Carr	ADDRESS Fayette, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 9 1956

FEB 15 1956

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 *Ralph A. Carr*.....

Licensed Embalmer No. *334*

P. O. Address *Fayette,*.....

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.