

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **27573**

BIRTH NO. _____		REG. DIST. NO. <b>195</b>		PRIMARY REG. DIST. NO. <b>4308</b>		Registrar's No. <b>74</b>		
1. PLACE OF DEATH a. COUNTY <b>McDonald</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>McDonald</b>				
b. CITY OR TOWN <b>Noel</b>		c. LENGTH OF STAY (in this place) <b>80 yrs.</b>		c. CITY OR TOWN <b>Noel</b>		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 <b>None</b>				e. STREET ADDRESS (If rural, give location) <b>City</b>				
3. NAME OF DECEASED (Type or Print) <b>Robert Harvey Givens</b>			a. (First) <b>Robert</b>			b. (Middle) <b>Harvey</b>		
c. (Last) <b>Givens</b>			4. DATE OF DEATH <b>8-6-56</b>		4. DATE (Month) (Day) (Year)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 5, 1876</b>		
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>5</b>		IF UNDER 1 YEAR Days <b>1</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Market</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sulphur Springs Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Wm. H. Givens</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Derrick</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Givens</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl Givens</b>		ADDRESS <b>Noel, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>DUO TO (b) <b>Generalized Arteriosclerosis</b></p> <p>DUO TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Emphysema</b></p>		INTERVAL BETWEEN ONSET AND DEATH						
		19a. DATE OF OPERATION						
		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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?				
22. I hereby certify that I attended the deceased from <b>Sept</b> , 19 <b>54</b> , to <b>Aug</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Aug 6</b> , 19 <b>56</b> , and that death occurred at <b>1:30 A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Noel, Mo.</b>		23c. DATE SIGNED <b>8/10/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-9-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Butler Creek Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Sulphur Springs Ark.</b>		
DATE REC'D BY LOCAL REG. <b>8-25-1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Noel, Mo.</b>				

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

423

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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.....  
*J. M. Humphrey Jr.*

Licensed Embalmer No. *4706*

P. O. Address *Noel, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.