Health, & Welfare Public Service

S. 300 1-57

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006310
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 5650 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY OR TOWN Verona — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2 1/2 Miles West — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Verona 055 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 1/2 Miles West — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Wilburn Last Nivens

4. DATE OF DEATH Month March Day 2 Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March 4 1896

9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country) Leann Barry Co. MO.

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Franklin Sylvester Nivens

13b. MOTHER'S MAIDEN NAME Mary Hilton

14. NAME OF HUSBAND OR WIFE Lowa Nivens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I.

16. SOCIAL SECURITY NO. 492-14-3714

17. INFORMANT Lowa Nivens Address Verona, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Circulatory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis with Myocardial Infarction.
DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 13, 1957, to Mar. 2, 1958 and last saw ~~he~~ him alive on March 2, 1958
Death occurred at 11:30 AM March 2, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. Avery Watson D.O.

22b. ADDRESS Verona, Mo.

22c. DATE SIGNED 3-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/6/58

23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery

23d. LOCATION (City, town, or county) Aurora, Mo. (State [redacted])

24. FUNERAL DIRECTOR Marsh Funeral Home ADDRESS Aurora, Mo.

25. DATE RECD. BY LOCAL REG. 3-4-1958

26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

57 5

MAR 1 1958
DEC 22 1958

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 Myself, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Aurora, 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.