

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022616

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 18-58

S. 300  
1-57  
0

1. PLACE OF DEATH a. COUNTY <b>MILLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CAMDEN</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tuscumbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Osage-Beach</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Humphrey's-Hospital-21days</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1518 Osage-Beach-</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alex</b> Middle <b>Zeb</b> Last <b>Shivers</b>			4. DATE OF DEATH Month <b>June</b> Day <b>15</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>20 MAY-1894</b>		9. AGE (In years if UNDER 1 YEAR; if UNDER 24 HRS. last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CAMDEN-CO-MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James-Shivers</b>		13b. MOTHER'S MAIDEN NAME <b>MARY-JANE-Pemberton</b>		14. NAME OF HUSBAND OR WIFE <b>VERNA-Shivers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>VERNA-Shivers-Osage-Beach-Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lympho Sarcoma-Stomach</b> DUE TO (b) <b>H. Colon &amp; Hemorrhage</b> DUE TO (c) <b>2001</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>NONE</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>NONE</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>NONE</b>	
21. I attended the deceased from <b>July 1956</b> , to <b>June 1958</b> and last saw him alive on <b>June 15</b> Death occurred at <b>6:45 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>M. E. Humphrey</b> <b>D.O.</b>			22b. ADDRESS <b>Tuscumbia-Mo</b>		22c. DATE SIGNED <b>16 June 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>18 June 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview-</b>		23d. LOCATION (City, town, or county) (State) <b>Miller-Co Mo</b>
24. FUNERAL DIRECTOR <b>Keith M. Kays,</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>June 17, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. D. E. Kallenbach</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

**RECEIVED**

**JUN 20 '58**

**Miller County  
Health Department**

**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 *Keith M. Kays* .....

Licensed Embalmer No. *3998* .....

P. O. Address *Eldon 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.**