

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008613

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 83

FILED MAR 31 1959

600
-57

Health,
Welfare
Public
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Centertown</u> 0-2 60 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital</u>		Length of stay in lb <u>#1 3Yrs, 2Mo</u>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Isaac</u> Middle <u>Thomas</u> Last <u>Nivens</u>			4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March, 14, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
13a. FATHER'S NAME <u>Isaiah Nivens</u>		13b. MOTHER'S MAIDEN NAME <u>Abbey Mood</u>	14. NAME OF HUSBAND OR WIFE <u>Unk.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>State Hospital # 1 Fulton, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation due to aspiration (foreign body)</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchi-Foreign bodies, aspirated food</u>			
DUE TO (c) <u>Chronic Brain Syndrome</u>			
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 checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>137</u> COUNTY STATE		
21. attended the deceased from <u>Jan. 18, 1956</u> to <u>Mar. 23, 1959</u> and last saw her/him alive on <u>XXXXXXXXXXXXXXXXXXXX</u>			
Death occurred at <u>12:05 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. G. Freund</u>		(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>State Hospital #1 Fulton</u>
22c. DATE SIGNED <u>3/23/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar, 25, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marion Mo.</u>
24. FUNERAL DIRECTOR <u>Bowlin Funeral Home Inc</u>		ADDRESS <u>California, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>March 23-1959</u>
		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

VS MAY 11 1960

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 *Earl Bowlin*

Licensed Embalmer No. *2126*.....

P. O. Address *California, 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.