

Health,
Welfare
Public
Service

8

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008819

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 95

300
-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo		c. CITY OR TOWN Jefferson City, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-330 Boliver		d. STREET ADDRESS (If outside, give location) 330 Boliver	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Effie Nivens			4. DATE OF DEATH Month Day Year March 27 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 24 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Shannon		13b. MOTHER'S MAIDEN NAME Nancie Sartin		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Fern Hunziker	Address Jefferson City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Initation + Debilitation</i> <i>Starvation (Starvation)</i> DUE TO (b) <i>Starvation</i> DUE TO (c) <i>Fracture of Hip (R-6 m.w.a.)</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *March 5 59* to *March 27* and last saw her alive on *March 27-59*
Death occurred at *12:15 AM* on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>Eugene E. Rakovec</i>	(Designation) <i>2</i>	22b. ADDRESS <i>Jefferson City, Mo</i>	22c. DATE SIGNED <i>March 28 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3/29/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Marion Cemetery</i>	23d. LOCATION (City, town, or county) <i>Merion, Mo</i>	(State) <i>Mo</i>
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24. FUNERAL DIRECTOR <i>East Doulin</i>	ADDRESS <i>California, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>28 March 1959</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Norris, Md. MR.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Jack H. Kocelin*

Licensed Embalmer No. *4933*

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.