

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0018641

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6119 Registrar's No. 312

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1966

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>1010</u>				
2 <u>1010</u>				
3				
4 <u>0</u>				
5 <u>0</u>				
6				
7 <u>0</u>				
8 <u>2</u>				
<u>99291</u>				
10 <u>3</u>				
11 <u>101</u>				
12 <u>90-3</u>				
13 <u>1-0</u>				
	SHOULD READ			
	ITEM NO.			BY AFFIDAVIT OF

Foot Comm.

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived in institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN <u>Summersville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. E. of Smsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 3</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clifford James Lyvers</u>		4. DATE OF DEATH Month Day Year <u>April 14 1966</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/10/63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>2</u>
13a. FATHER'S NAME <u>Ralph E. Plouman</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara J. Charles</u>	11. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</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</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Drowning</u> DUE TO (c)		14. NAME OF HUSBAND OR WIFE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address <u>Ralph E. Plouman Summersville, Mo. Rt. 3</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year <u>5-4-14-66</u> p.m.		20b. DESCRIBE NATURE OF INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell into well</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21. I attended the deceased from birth to death and last saw her alive on <u>April 14, 1966</u>		20f. CITY, TOWN, OR LOCATION COUNTY, STATE <u>Shannon, Mo.</u>	
22a. SIGNATURE (Degree or title) <u>Denton Wilson, D.O. Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>	
22c. DATE SIGNED <u>4-20-66</u>		23. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/16/66</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Summersville Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mt. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-66</u>	26. REGISTRAR'S SIGNATURE <u>Mike Lee</u>

MAY 2 1966

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

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt. View, 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.