Form No. 2
10M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31354 State File No.

Registration District No. 22-7 Primary Registration District No. 8-0465796 Registrar's No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Monteau
(b) City or town Walker Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Denis Hickam Vivion
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Vivion
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Aug (Month) 3 (Day) 1883 (Year)

8. AGE: Years 61 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Monteau (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Milton Vivion
13. Birthplace Monteau (City, town, or county) Mo (State or foreign country)
14. Maiden name Susan Hickam
15. Birthplace Monteau (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Cora Vivion
(b) Address Centertown Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/44 (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery Jefferson
18. (a) Signature of funeral director
(b) Address California Mo
19. (a) 9-21-44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19
year 1944 hour 7 minute 7 P.M.
21. I hereby certify that I attended the deceased from Sept 19, 1944 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal injuries, Crushed pelvis.	1 hour,
Due to tractor falling on him due to accident while plowing in field. No other person involved.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 19, 1944
(c) Where did injury occur? Rural (City or town) Monteau (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at his farm, 7 miles N.E. California, Mo
While at work? Yes (Specify type of place) (e) Means of injury Tractor fell on him
23. Signature Kenyon Latham (M. D. or other) Coroner
Address California, Mo Date signed 9-21-44

1512

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 10-6-44

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Hugh E. Williams

Licensed Embalmer No. 3537

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 this body is not embalmed, fact should be so stated above.