

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

D VS AUG 18 1960

333

Primary Registration District No. 3074

Registrar's No. 188

-60-033496  
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>MISSISSIPPI</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Length of stay in 1b		c. CITY OR TOWN <b>EAST PRAIRIE, MO.</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>Mo. Delta Comm. Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>LOMBARDY DR.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRANCES</b> Middle Last <b>SAVELL</b>				4. DATE OF DEATH Month <b>7</b> Day <b>30</b> Year <b>1960</b>			
5. SEX <b>Female</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>8-27-1889</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OFFICE MANAGER</b>		11. BIRTHPLACE (City and state or country) <b>BROOKLYN, NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>CLARK T. BRONSON</b>			13b. MOTHER'S MAIDEN NAME <b>MARY DARLING</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES M. SAVELL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>JAMES SAVELL EAST PRAIRIE, 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>ACUTE COR. ART. OCCLUSION</b>						INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ART. SCLER HEART DIS.</b>							
DUE TO (c) <b>GEN. ART. SCLER.</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES MELLITUS.</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from Death occurred at <b>7:50 P.</b>		to <b>7.16.60.</b>		and last saw her <b>7.30.60</b> alive on <b>7.30.60</b>			
21. I attended the deceased from Death occurred at <b>7:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Carl G. Boyer M.D.</b>			22b. ADDRESS <b>Sikeston, Mo.</b>			22c. DATE SIGNED <b>7.31.60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-1-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>		23d. LOCATION (City, town, or county) <b>CHARLESTON, MO.</b>			
24. FUNERAL DIRECTOR <b>SPELBY FUNERAL HOME</b>		ADDRESS <b>EAST PRAIRIE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-11-60</b>		26. REGISTRAR'S SIGNATURE <b>Maxella Hunter</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*David Shelby*

Licensed Embalmer No. 4940

P. O. Address East Pl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.