

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041430
STATE FILE NUMBER

FILED VS DEC 13 1960

77

Primary Registration District No. 3016

Registrar's No. 407

1. PLACE OF DEATH a. COUNTY <i>Colo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Colo</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City</i>		Length of stay in lb <i>4 days</i>		c. CITY OR TOWN <i>Jefferson City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Mary's Hospital</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>203 ash</i>	
3. NAME OF DECEASED (Type or print) First <i>MAKHAEL</i> Middle <i>NO</i> Last <i>Scrivener</i>				4. DATE OF DEATH Month <i>12</i> Day <i>3</i> Year <i>1960</i>			
5. SEX <i>white</i>		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>March 26 79</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Farmer</i>		11. BIRTHPLACE (City and state or country) <i>Colo Co</i>		12. CITIZEN OF WHAT COUNTRY <i>Colo</i>	
13a. FATHER'S NAME <i>Nehemiah Scrivener</i>			13b. MOTHER'S MAIDEN NAME <i>Jane Purnan</i>			14. NAME OF HUSBAND OR WIFE <i>Frona Scrivener</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <i>Wife</i>	
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>Pneumonia, of lower lobe</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic cardiac - vascular disease</i>						<i>Years</i>	
DUE TO (c) <i>Generalized arteriosclerosis</i>						<i>Years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>malnutrition</i>						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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <i>3-2-60</i> to <i>12-5-60</i> and last saw ^{her} him alive on <i>12-5-60</i> Death occurred at <i>3:15 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Robert H. Powers, M.D.</i>				22b. ADDRESS <i>Jefferson City, Mo.</i>		22c. DATE SIGNED <i>12-5-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>12/6/60</i>		23c. NAME OF CEMETERY OR CREMATOR <i>McCARNEY</i>		23d. LOCATION (City, town, or county) (State) <i>Russellville Mo</i>	
24. FUNERAL DIRECTOR <i>G. N. Steffens Funeral Home - Russellville</i>				25. DATE RECD. BY LOCAL REG. <i>5 December 1960</i>		26. REGISTRAR'S SIGNATURE <i>R.P. Davis, M.D. - NRickie</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 T 030 SC

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 *G. M. Steffan*

Licensed Embalmer No. 2307
P. O. Address Russellville

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.