

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16869

State File No.

FILED JUN 11 1957

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3024 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY OR TOWN Fayette, Mo.		c. CITY OR TOWN Fayette	
c. LENGTH OF STAY (in this place) 13 months		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wells Rest Home		e. STREET ADDRESS (If rural, give location) R.R. 2 Richmond Twp.	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) KIVETT c. (Last) SCOTTEN			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 26, 1864		9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 6 Days 22	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Lorenzo Kivett		13b. MOTHER'S MAIDEN NAME Margery Poloni		14. NAME OF HUSBAND OR WIFE Jefferson Davis Scotten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ulmer Scotten R.R. 2 Fayette, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Non-Competitive heart failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0		Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) On Known	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1, 1956, to May 18, 1957, that I last saw the deceased alive on July 14, 1957, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE James J. Shan (Degree or Title) Dr.		23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 5-21-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/20/1957		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Fayette, Missouri					

DATE REC'D BY LOCAL REG. 5-21-57		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

436

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 *Ralph A. Carr*.....

Licensed Embalmer No. *3340*

P. O. Address *Gayette, W.*

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.