

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028073  
STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kirksville</b>		0013 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>503 S Franklin</b>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <b>503 S FRANKLIN</b>		
3. NAME OF DECEASED (Type of print) <b>GEORGE</b> <sup>First</sup> <b>LESLIE</b> <sup>Middle</sup> <b>SCRIVEN</b> <sup>Last</sup> <b>Jr.</b>				4. DATE OF DEATH Month <b>August</b> Day <b>13</b> Year <b>1958</b>				
5. SEX <b>Male</b> <input type="checkbox"/>	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>February 17, 05</b>		9. AGE (In years last birthday) <b>53</b> IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>		11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>George Liscriven</b>				14. MOTHER'S MAIDEN NAME <b>Ollie Miller</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-10-6115</b>		17. INFORMANT <b>Mrs. G.L. Scriven, 503 S Franklin</b> Address <b>Kirksville, 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>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>4201</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Two previous infarctions</b>							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 <b>Hour</b> Month, Day, Year a. m. p. m.			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 <b>June 1, 1952</b> to <b>Aug 1958</b> and last saw her alive on <b>Aug 13-58</b> Death occurred at <b>12:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>H. A. Schuetz</b> (Degree or title) <b>D.O.</b>				22b. ADDRESS <b>315 E McPherson</b> <b>Kirksville</b>		22c. DATE SIGNED <b>8-14-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Burial</b>		<b>8-15-1958</b>	<b>Highland Park Cemetery</b>		<b>Kirksville, Missouri</b>			
24. FUNERAL DIRECTOR <b>Davis &amp; Davis, Kirksville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-23-1958</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Patten</b>		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 9 0 1959

MS MAY 14 1959

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 *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirksville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.