

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028165  
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 32 Primary Registration District No. 4042 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville</b>		c. CITY OR TOWN <b>Marble Hill 0090</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Myers-Freitas Clinic</b>		d. STREET ADDRESS (If outside, give location) <b>R. R. 1</b>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Kevin</b> Last <b>Ivey</b>			4. DATE OF DEATH Month <b>August</b> Day <b>14</b> Year <b>1958</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 29, 1958</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>17</b> Days <b>17</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HRS. <b>0</b>	
--------------------	-------------------------------	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Lutesville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	---

13a. FATHER'S NAME <b>John Ivey</b>	13b. MOTHER'S MAIDEN NAME <b>Ruby Otis</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>John P. Ivey</b> Address <b>Marble Hill 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>Asphyxiation</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Accidental smothering</b>		
DUE TO (c) <b>In bed clothes</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <b>.</b>
---	--

20c. TIME OF INJURY Hour <b>.</b> Month, Day, Year <b>.</b>	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.) <b>.</b>	20f. CITY, TOWN, OR LOCATION <b>009</b>	COUNTY	STATE
--	--	--	--	--------	-------

21. I attended the deceased from <b>7-29-58</b> to <b>8-14-58</b> and last saw her/him alive on <b>7-30-58</b> Death occurred at <b>5:30</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>John P. Ivey</b>	22b. ADDRESS <b>Lutesville, Missouri</b>	22c. DATE SIGNED <b>8/25/58</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	23d. LOCATION (City, town, or county) (State) <b>Scopus, Missouri</b>
--	-----------------------------	---	--

24. FUNERAL DIRECTOR <b>Blue Ward Lutesville, Mo</b>	25. DATE RECD. BY LOCAL REG <b>8/27/58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Buford Crader</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57X

**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 ..... Signed *Not Embalmed* .....  
Signature of Student Embalmer ..... Licensed Embalmer No. ....

P. O. Address .....

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.