

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034306

FILED VS SEP 19 1960

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ava</b>		Length of stay in 1b <b>12yrs</b>	c. CITY OR TOWN <b>Ava</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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Daniel Severns</b>			4. DATE OF DEATH Month Day Year <b>Sept. 11, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>"hite"</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>2-1-74</b>	9. AGE (last birthday) <b>86</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>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Carroll Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>James Severns</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Morrow</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Severns</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>None</b>	17. INFORMANT <b>Viola Severns, Ava, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Wernic Coma</b>		<b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Nephritis</b>	<b>15 yrs</b>
	DUE TO (c) <b>Cardio-Renal Syndrome</b>	<b>15 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Portal Obstruction?</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 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 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 **7-19-1944** to **9-11-60** and last saw him alive on **9-11-60**  
Death occurred at **9-11-60, 10: A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>M. C. Gentry</b> (Degree or title)	22b. ADDRESS <b>Ava Mo.</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Day</b>
23d. LOCATION (City, town, or county) <b>Seymour, Missouri</b>		(State)

24. FUNERAL DIRECTOR <b>Clinkingbeard Funeral Home, Ava, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 15-60</b>	26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>
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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 Lyle S. Stinkingbee

Licensed Embalmer No. 4830

P.O. Address Avon Ma

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.