

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018502

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 32

STATE FILE NUMBER

VS 300  
Rev. 4/59

10300  
20300

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4 1

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9421.4

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11

1270-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 16 1962**

1. PLACE OF DEATH  
a. COUNTY Dallas  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisburg Length of stay in lb \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Dallas  
c. CITY OR TOWN Louisburg Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Pettie Mae Scrivener 4 - 30 - 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Dec-25-1872 9. AGE (last birthday) 89 IF UNDER 1 YEAR Months 7 Days 25 IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Dallas Co 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Rob Ruebin Smith 13b. MOTHER'S MAIDEN NAME Henderson 14. NAME OF HUSBAND OR WIFE F.S. Scrivener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Earl Scrivener Address K.C. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 5d  
DUE TO (b) Valvular heart disease 8-10 yrs  
DUE TO Genl Arteriosclerosis 10 yrs+  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 2-1-62 to 4-29-62 and last saw her alive on 4-29-62 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Buffalo Mo. 22c. DATE SIGNED 5 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5-3-1962 23c. NAME OF CEMETERY OR CREMATORY Louisburg Cem. 23d. LOCATION (City, town, or county) (State) Louisburg MO

24. FUNERAL DIRECTOR Allen W. Laughon, Urbana Mo ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 5/14/1962 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

**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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urban, Md

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.