

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20341**

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Morgan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden <u>15</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage Township		c. LENGTH OF STAY (In this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Adair Tw'n.ship		<u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 Mi. S. Versailles, Mo.			d. STREET ADDRESS (If rural, give location) 28 Mi. South of Versailles		

3. NAME OF DECEASED (Type or Print) Ayres Codington Scully			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1949		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 4	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) No Record New Jersey U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Michael Scully	13b. MOTHER'S MAIDEN NAME Mary Robbins	14. NAME OF HUSBAND OR WIFE Mary Riley Scully
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J.C. Scully M.D. Chicago, Illinois	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
	DUPLICATE TO (b) Thrombosis		
	DUPLICATE TO (c) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 7-7, 1949, to 7-7, 1949, that I last saw the deceased alive on 7-7, 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis D. Curtner, M.D.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 7-8-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 9-49	24c. NAME OF CEMETERY OR CREMATORY Chicago	24d. LOCATION (City, town, or county) (State) Chicago, Illinois
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DATE REC'D BY LOCAL REG. July 8 1949	REGISTRAR'S SIGNATURE J. L. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE H. J. Kellum	ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

71
0
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RECEIVED

District Health Officer No. 7

District File Number 649830

Date Filed 7-11-49

AUG 5 1949

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 4021

P. O. Address Versailles, Mo

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 this body is not embalmed, fact should be so stated above.