

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1949

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <i>General Hospital, Pulaski</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Lewis, Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Waynesville</i>	c. LENGTH OF STAY (In this place) <i>2 da</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Licking Creek, Sherrell</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>()</i>		d. STREET ADDRESS (If rural, give location) <i>3rd West of Licking Mo.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Betty</i>	b. (Middle) <i>May</i>	c. (Last) <i>Scurlock</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 28, 1949</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 7, 1885</i>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>64</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Poussani D</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Steve E Elliott</i>	

13b. MOTHER'S MAIDEN NAME <i>Adeline Scudlo</i>	14. NAME OF HUSBAND OR WIFE <i>Charles Scurlock</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>-</i>
17. INFORMANT'S SIGNATURE OR NAME <i>Charles Scudlo</i>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>34 1/2</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Menigitic type</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>undeckered</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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) (Min.)	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 *8/26*, 1949, to *8/28*, 1949, that I last saw the deceased alive on *8/28*, 1949, and that death occurred at *2:40 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm R. Little</i>	23b. ADDRESS <i>Waynesville Mo.</i>	23c. DATE SIGNED <i>8/28/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>-</i>	24b. DATE <i>Aug 30, 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Long Hollow</i>	24d. LOCATION (City, town, or county) (State) <i>Lewis Co Mo</i>
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DATE REC'D BY LOCAL REG. <i>9-7-49</i>	REGISTRAR'S SIGNATURE <i>Thelma C. Buckhouse</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Smith & Ferguson</i>	ADDRESS <i>Licking Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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SEP 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Estelle Ferguson*

Signed _____
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Licking 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.