

3. No. 300
v. 10.48

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32841

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SCROGGIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1949</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 9 1890</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Norman Sandman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Scroggin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Basner</u> ADDRESS <u>Troy Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized carcinomatosis</u> DUE TO (c) <u>Carcinoma left heart</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>primary</u>		170X	
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)	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 Aug 31, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept 7, 1949, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard Basner M.D.</u>	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>Sept 9/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 11, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Lick Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 12, 1949</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u> ADDRESS <u>Troy Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9,
RECEIVED SEP 27 1949

*Amie
L. Lewis*

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 _____
Student Embalmer

Signed: *Wayne McLaughlin*
Licensed Embalmer No. *3586*
P. O. Address *Troy 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.