

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 648

No. 300
10-48

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

0290
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BIRTH NO. <u>Jan. 7-50</u>		REG. DIST. NO. <u>93</u>	PRIMARY REG. DIST. NO. <u>415K</u>	Registrar's Name <u>[Signature]</u>
1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u>		
c. LENGTH OF STAY (in this place) <u>7 months</u>		d. STREET ADDRESS (If rural, give location) <u>Smith Rest Home</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Rest Home</u>				
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>King</u>		c. (Last) <u>SCOGGIN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 16, 1869</u>	9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joseph Scoggin</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Owings</u>		14. NAME OF HUSBAND OR WIFE
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>Mr. John Scoggin</u> ADDRESS <u>Greenfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1/1/50</u> to <u>1/5/50</u> , that I last saw the deceased alive on <u>1/4/50</u> , and that death occurred at <u>3:20 PM</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>C. B. Cain M.D.</u>		23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>1/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Dade County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-7-50</u>		REGISTRAR'S SIGNATURE <u>Leo L. Weir</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u> ADDRESS <u>Greenfield, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 10 1950
District Health Office No. 6,
District File Number 150-61
Date Filed 1-11-50

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 Embalmer No. _____

Student _____
Student Embalmer

Signed J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Greenfield, 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.