

S. No. 300
V. 10.48

FILED MAR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5373

BIRTH NO. _____ REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 5708 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Erie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Erie	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 1/4 Mile West of Goodman, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/4 mile West of Goodman, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) IDA A b. (Middle) MAY c. (Last) SORITCHFIELD			4. DATE OF DEATH (Month) (Day) (Year) January 21, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 31, 1878		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Chanute, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Elijah Allen		13b. MOTHER'S MAIDEN NAME Sophonia DeWitt		14. NAME OF HUSBAND OR WIFE John Parker Scritchfield	
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'S SIGNATURE OR NAME ADDRESS John Parker Scritchfield Goodman, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident (apoplexy)		DUE TO (b) Hypertension			8 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Atherosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					331X

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) 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 9-20, 1949, to 1-21, 1950, that I last saw the deceased alive on 1-20, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Warren M. Jones M.D.		23b. ADDRESS 205 So. Lafayette Neosho, Mo.		23c. DATE SIGNED 1-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/1950		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	
				24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	

DATE REC'D BY LOCAL REG. 1-23-50		REGISTRAR'S SIGNATURE Mrs. Fred Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John B. Papineau Goodman, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.