

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5614

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 2

760
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson Twn)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson Twn)	
c. LENGTH OF STAY (In this place) 18 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION at family home			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Elmer c. (Last) Scarlet			4. DATE OF DEATH (Month) (Day) (Year) Feb 18 1950		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 22 -1877	9. AGE (In years last birthday) 72	IF UNDER 18 Months 5 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Scarlet	13b. MOTHER'S MAIDEN NAME Adaline Blankenship	14. NAME OF HUSBAND OR WIFE Laura Scarlet
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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 Mrs. Laura Scarlet	ADDRESS -Bellevue, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of lungs</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...		002X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓
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22. I hereby certify that I attended the deceased from 1-7, 1949, to 2-18, 1950, that I last saw the deceased alive on 2-5, 1950, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. A. Bunn, M.D.	23b. ADDRESS Bland, Mo	23c. DATE SIGNED 2-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/50	24c. NAME OF CEMETERY OR CREMATORY Francis Cemetery	24d. LOCATION (City, town, or county) (State) Osage County, Missouri
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DATE REC'D BY LOCAL REG. 724 24-1950	REGISTRAR'S SIGNATURE P. J. ...	235	25. FUNERAL DIRECTOR'S SIGNATURE S. S. ...	ADDRESS Funeral Service-Bland
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RECEIVED
FEB 28 1950
DISTRICT HEALTH OFFICE
No. 9

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 Chester Sasser
.....

Licensed Embalmer No. 4178

P. O. Address Bland - Ia.

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.