

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13496

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 17 Yrs		d. STREET ADDRESS (If rural, give location) 920 North Porter Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.C.H. St. John's Hospital Auto Accident 32nd and Jackson Ave.			
3. NAME OF DECEASED a. (First) Vera b. (Middle) SCROGGINS c. (Last) SCROGGINS			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1950
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH January 22, 1933
9. AGE (In years last birthday) 17		10. IF UNDER 1 YEAR Months 2 Days 17 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work—done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Scroggins		13b. MOTHER'S MAIDEN NAME Effie Holman	
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) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Scroggins 920 N. Porter Joplin, Mo			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture of knee ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with aneurism of leg DUE TO (c) temporal lobe 2. 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 122	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SHOOTING HOMICIDE Accidents		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 32nd and Jackson	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 4:09 1950 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident - 70	
22. I hereby certify that I attended the deceased from <u>did not attend</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-12-50</u> , 19 <u>50</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE W. W. [Signature] (Degree or title)		23b. ADDRESS Joplin West Park Bldg	
23c. DATE SIGNED 4-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 12, 1950	
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.	

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

RECEIVED 4/15/50
Jasper County Health Office

County File Number 50-4-376

Date Filed 4-18-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Paula L. Lurie

Licensed Embalmer No. 3590

P. O. Address Spokane, 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.