

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13878

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 17

1. PLACE OF DEATH
 a. COUNTY Monroe
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Township
 c. LENGTH OF STAY (in this place) 1 yr
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Perry, Missouri. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Monroe
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Jefferson Township.
 d. STREET ADDRESS (If rural, give location) Perry, Missouri. R.F.D.

3. NAME OF DECEASED
 a. (First) Elizabeth b. (Middle) Caroline c. (Last) Scobee.
 4. DATE OF DEATH (Month) (Day) (Year) March, 31, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH March, 11, 1864 9. AGE (In years last birthday) 86 0 20 0 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Own Home. 11. BIRTHPLACE (State or foreign country) Ralls County, Missouri. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Francis 13b. MOTHER'S MAIDEN NAME Almyre Weekley 14. NAME OF HUSBAND OR WIFE M.B. Scobee.

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 Cena Keneipp ADDRESS Perry, MO XXXX

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 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.
 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Jefferson Township, Monroe Co.,

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 29, 1950, to March 31, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS Perry, Missouri 23c. DATE SIGNED 4-1-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-3-1950 24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery 24d. LOCATION (City, town, or county) (State) Perry, Missouri.

DATE REC'D BY LOCAL REG. 4-7-50 REGISTRAR'S SIGNATURE [Signature] 435 FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Perry, Mo.

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

5690

MAY 1 1950

SEP 19 1950

APR 14 1950

RECEIVED

District Health Officer No. 10

District File Number 4-57-6

APR 14 1950

Date Filed

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.

Signed

Clyde C. Wilkey

Signed.....

Student Embalmer

Licensed Embalmer No. 3820

P. O. Address *Lehigh 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.