

FILED AUG 11 1950
Dr Throgmartin

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25781

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6165 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>R.F.D. #1 Sikeston, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R.F.D. #1 Sikeston, Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 Year</u>		d. STREET ADDRESS (If rural, give location) <u>RI</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RI</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Veda</u>	b. (Middle) <u>I</u>	c. (Last) <u>Scriver</u>	(Month) <u>7</u>	(Day) <u>23</u>	(Year) <u>1950</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>6/6/03</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 YEAR Days <u>17</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Suply Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis Fowler</u>	13b. MOTHER'S MAIDEN NAME <u>Kattie Hayes</u>	14. NAME OF HUSBAND OR WIFE <u>Clois Scriver</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	(If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clair Scriver R.F.D. Sikeston</u>	ADDRESS <u></u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure - with</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25 May 1950</u>
	ANTECEDENT CAUSES <u>Edema of feet - legs - lungs -</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Edema of feet - legs - lungs -</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7824</u>

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) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:10 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 25 May, 1950, to 23 July, 1950, that I last saw the deceased alive on 18 July, 1950, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.B. Throgmartin</u> (Degree or title)	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>25 July 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 1-50</u>	REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Albritton</u>	ADDRESS <u>Sikeston, Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 8
SCOTT COUNTY HEALTH

CO. FILE NO. 850

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. 362

Signed. Billy Wayne Hopkins
Student Embalmer

Signed. John Allerton

Licensed Embalmer No. 2941

P. O. Address John Allerton

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.