

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34107

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MICHIGAN b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DETROIT 8210	
d. FULL NAME OF HOSPITAL OR INSTITUTION 118 WEST MAIN		d. STREET ADDRESS (If rural, give location) 5775 LINWOOD	

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE	b. (Middle) _____	c. (Last) SCAFE	4. DATE OF DEATH (Month) (Day) (Year) OCT. 14, 1950
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 14, 1929	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME EMMETT COOPER	13b. MOTHER'S MAIDEN NAME LILLIE BREGG	14. NAME OF HUSBAND OR WIFE JULIUS O. SCAFE
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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. 430-38-9574	17. INFORMANT'S SIGNATURE OR NAME JULIUS O. SCAFE	ADDRESS 5775 Linwood, Detroit, Mich.
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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) CORONERS JURY VERDICT: AUTOMOBILE COLLISION AND ACCIDENTAL MEANS ON THE 14th DAY OF OCT, 1950 AT A POINT ON U.S. HIGHWAY 67 ON THE DIVIDING LINE BETWEEN MADISON AND WAYNE COUNTY, MO.		58234 32
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) COLDWATER WAYNE MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT. 14, 1950 11:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTOMOBILE COLLISION
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:46 P. M., from the causes and on the date stated above.

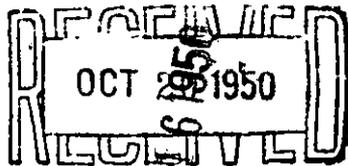
23a. SIGNATURE Sam Najin, Jr. Coroner Madison Co. Mo.	23b. ADDRESS FREDERICKTOWN, MO.	23c. DATE SIGNED 10-16-50
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24a. DATE OF BURIAL, CREMATION, REMOVAL (Specify) 10-19-50	24b. DATE 10-19-50	24c. NAME OF CEMETERY OR CREMATORY Greenwood Colored Cem.	24d. LOCATION (City, town, or county) (State) CAMDEN ARKANSAS
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DATE REC'D BY LOCAL REG. 10-16-1950	REGISTRAR'S SIGNATURE Florence Wickert	25. FUNERAL DIRECTOR'S SIGNATURE Sam Najin, Jr.	ADDRESS Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AND SON COUNTY HEALTH DEPT.
FREDERICKTOWN, MD.



FILE No. 1050-30

NOV

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 _____

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working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md

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.