

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36055

State File No.

042

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>ANDRAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>0042</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>717 N. JEFFERSON</u>		d. STREET ADDRESS (If rural, give location) <u>717 N. JEFFERSON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SCOBEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 13, 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 1ST 1856</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT FREEMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>MARTHA WEST</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES W. SCOBEE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FLOYD AKERS</u>		ADDRESS <u>MEXICO MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Degenerative Myocarditis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES <u>Senescent arteriosclerosis and Hypertension</u>			
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1943</u> , 19 <u> </u> , to <u>11-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 11</u> , 19 <u>50</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hans J. O'Brien M.D.</u>		23b. ADDRESS <u>MEXICO, MO.</u>	
23c. DATE SIGNED <u>11-14-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-15-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 15-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blaney</u>		ADDRESS <u>PARIS, MO.</u>	

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

NOV 27 1950

Date Received: NOV 22 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1
Date Filed: NOV 25 1950

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 A. G. Blakey

Licensed Embalmer No. 2614

P. O. Address PARIS, 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.