

No. 300
10. 48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36443**

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

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u>		c. LENGTH OF STAY (in this place) <u>3 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u> <u>0270</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>HOMG</u>			d. STREET ADDRESS (If rural, give location) <u>HOME</u>		
3. NAME OF DECEASED (Type or Print), a. (First) <u>PRUDIE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>SCRUGGS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11 4 1950</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 23-1882</u>	9. AGE (In years last birthday) <u>68</u> If under 1 year: Months _____ Days _____ If under 1 week: Hours _____ Mins. _____	
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>-</u>	11. BIRTHPLACE (State or foreign country) <u>POPK COUNTY-MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>URIAH BOYTS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA BOLIN</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM SCRUGGS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM SCRUGGS</u> ADDRESS <u>CLEVER, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 201</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) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>May</u> , 19 <u>50</u> , to <u>Nov-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>50</u> , and that death occurred at <u>2:00 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger M.D.</u>			23b. ADDRESS <u>Billings, Mo</u>		23c. DATE SIGNED <u>11-6-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DELAWARE</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-6-50</u>		REGISTRAR'S SIGNATURE <u>Alline Devero</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u> ADDRESS <u>Clever, Mo.</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 4 1950

Dist. File # 250-2382

Date Filed 12-5-50

JAN 2 1951

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.

Signed John Alan Harris

Signed _____
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.