

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38138**

BIRTH NO. _____ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **6024** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmira		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmira	
c. LENGTH OF STAY (In this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) 0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) DOHSEMAN c. (Last) SCOBEE			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 8 - 1893
9. AGE (In Years last birthday) 57		IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) Pacific Duchine, Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Deceased	
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. 481-14-0017	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Novak, Elmira, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis & Cardiac Failure ANTECEDENT CAUSES Essential Hypertension 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. 4222	
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) Elmira Ray Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June 1948 , to Nov 4, 1950 , that I last saw the deceased alive on Nov. 3, 1950 , and that death occurred at 3:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Oetus E. Buchner M.D.		23b. ADDRESS Lawson Mo	
23c. DATE SIGNED Nov. 6, 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov. 6 - 1950		24c. NAME OF CEMETERY OR CREMATORY Elmira Cemetery	
24d. LOCATION (City, town, or county) (State) Elmira Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Farman-Richard, Lawson, Mo.	
DATE REC'D BY LOCAL REG. Nov. 6, 1950		REGISTRAR'S SIGNATURE Mr. Raymond Groves	

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



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 Lincoln P. Jarman

Licensed Embalmer No. 4589

Embalmer Springs, Mo.
P. O. Address

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.