

FILED MAR 7 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 4202

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 24

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clinton</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Clinton</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Cameron</u>   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Cameron</u>  |  | 0251  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>102 S Cedar</u>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>102 S Cedar</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Clark</u>   |  | b. (Middle) <u>Andrew</u>  |  | c. (Last) <u>Scotfield</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Apr 21 - 1957</u>                       |  |
| 5. SEX<br><u>M</u>   |  | 6. COLOR OR RACE<br><u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>  |  | 8. DATE OF BIRTH<br><u>Apr 6 - 1886</u>   |  |
| 9. AGE (In years, last birthday) (Specify)<br><u>65</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Clinton Co Mo</u>                   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  | 13a. FATHER'S NAME<br><u>Lymen Scotfield</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Norris B Rerubker</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ethel Scotfield</u>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>187-14-8779</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Helen D. Scotfield</u>  |  | ADDRESS<br><u>Cameron</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><u>Cerebral Thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension, Arterio sclerosis</u><br>DUE TO (c) |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mo.</u><br><br><u>332X</u>                 |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>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>8-9-1957</u> , to <u>2-21, 1957</u> , that I last saw the deceased alive on <u>2-21, 1957</u> , and that death occurred at <u>5 m.</u> from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE<br><u>[Signature]</u>   |  |  |  | 23b. ADDRESS<br><u>Cameron MO</u>   |  | 23c. DATE SIGNED<br><u>2-23-57</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><u>2-25-51</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Estep Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Cameron (Clinton Co) MO</u>     |  |
| DATE REC'D BY LOCAL REG.<br><u>2-27-51</u>   |  | REGISTRAR'S SIGNATURE<br><u>Winifred W. Mosley</u>   |  | 390   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Poland Funeral Home</u>                      |  |
|  |  |  |  |   |  | ADDRESS<br><u>Cameron</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48



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 Robert P. Polard

Licensed Embalmer No. 4729

P. O. Address Cameron, 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.