No. 300
10.46

FILED MAR 19 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9177

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 31

**1. PLACE OF DEATH**
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon ~~Twp~~
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 920 S. West St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon ~~Twp.~~
d. STREET ADDRESS (If rural, give location): 920 S. West St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ethel
b. (Middle): D.
c. (Last): Scroggins

**4. DATE OF DEATH** (Month) (Day) (Year): 3 - 3 - 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 12-4-1893
**9. AGE** (In years last birthday): 57 — IF UNDER 1 YEAR: Months 2, Days 27 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House keeper
**10b. KIND OF BUSINESS OR INDUSTRY**: House wife
**11. BIRTHPLACE** (State or foreign country): Lawrence Co. Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA ~~Native~~

**13a. FATHER'S NAME**: Andrew Laird
**13b. MOTHER'S MAIDEN NAME**: Mary Moore
**14. NAME OF HUSBAND ~~OR WIFE~~**: Tommy Scroggins

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Tommy Scroggins — ADDRESS: Mt. Vernon 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic nephritis — Unknown
DUE TO (c) Secondary anemia — 1 year

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
592 x

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb. 17, 1947, *to* Mar 3, 1951, *that I last saw the deceased alive on* Mar 3, 1951, *and that death occurred at* 6:P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): P. R. Holmes M.D.
**23b. ADDRESS**: Mt Vernon Mo
**23c. DATE SIGNED**: 3-8-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-7-1951
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: Ross
**24d. LOCATION** (City, town, or county) (State): S. of Phelps Mo.

DATE REC'D BY LOCAL REG.: Mar 8, 1951
REGISTRAR'S SIGNATURE: Ceil Hendricks
**25. FUNERAL DIRECTOR'S SIGNATURE**: Morris-Lemon — ADDRESS: Miller Mo.

(Licensed Embalmer. Statement on Reverse Side)

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

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

RECEIVED MAR 13 1951

Dist. File 351-558

Date Filed 3-15-51

APR 12 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.

Student .....
Student Embalmer

Signed E. R. Laiman

Licensed Embalmer No. 3297

P. O. Address Millen 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.