

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31127**

FILED OCT 3 1951

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY OR TOWN <u>Unionville</u>		c. CITY OR TOWN <u>Unionville, Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			

3. NAME OF DECEASED
a. (First) Leanord b. (Middle) Alford c. (Last) Scalf
(Type or Print) Leanord Alford Scalf

4. DATE OF DEATH Sept. 20-1951
(Month) (Day) (Year)

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH Nov. 23, 1878 9. AGE (In years last birthday) 72 10. IF UNDER 1 YEAR 9 Months 27 Days 11. IF UNDER 24 HRS. 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY self 11. BIRTHPLACE (State or foreign country) Putnam Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Scalf 13b. MOTHER'S MAIDEN NAME Armenda Scalf 14. NAME OF HUSBAND OR WIFE Ella Scalf

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. none 17. INFORMANT'S SIGNATURE OR NAME Ella Scalf ADDRESS Unionville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Regenerative myocarditis
Embolicism with gangrene of Rt. foot

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH _____

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 July 15, 1951, to Sept. 20, 1951, that I last saw the deceased alive on Sept. 20, 1951, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. W. McDonald 23b. ADDRESS 202 Unionville Mo 23c. DATE SIGNED 9-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 22 51 24c. NAME OF CEMETERY OR CREMATORY Unionville Mo. 24d. LOCATION (City, town, or county) (State) Unionville, Mo.

DATE REC'D BY LOCAL REG. 9-29-51 REGISTRAR'S SIGNATURE Marvell Durbin 266 25. FUNERAL DIRECTOR'S SIGNATURE J. H. Husted ADDRESS Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

860

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

Date Received: OCT 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1723
Date Filed: OCT 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Murl E. Husted*.....

Licensed Embalmer No. *3204*.....

P. O. Address *Armonville 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.