

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37127

State File No.

FILED NOV 28 1951

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY: <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mi. north of Annapolis</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile north of Annapolis</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HELEN</u>	b. (Middle) <u>MAXINE</u>	c. (Last) <u>SCAGGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 1951</u>
-------------------------------------	-------------------------	---------------------------	-------------------------	--

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 30 1921</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 1 YEAR <u>8</u> Days	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
-------------------	-------------------------------	---	--------------------------------------	---	---------------------------------	-------------------------------	-------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Fredericktown Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Gilbert Stevens</u>	13b. MOTHER'S MAIDEN NAME <u>Meadie Stacy</u>	14. NAME OF HUSBAND OR WIFE <u>Harold Scaggs</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Scaggs, Annapolis Mo.</u>
---	-----------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myringitis, do not think it was due to meningococcus.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>meningococcus.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3403</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 11-8-51 2:15 p.m. to 11-9-51 3:15 p.m., and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. W. Jones, M.D.</u>	23b. ADDRESS <u>Piedmont Ave.</u>	23c. DATE SIGNED <u>11-10-51</u>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meadows Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Minimum Mo.</u>
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Nov 19-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Alice Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>
---	---	---

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

RECEIVED

NOV 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Imitor, Ill.

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.