

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1952

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - WOODLAWN TWP. 0690	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) R.F.D., CLARENCE, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOWELL REST HOME			

3. NAME OF DECEASED a. (First) MARGARET (Type or Print)		b. (Middle) G.		c. (Last) SCARCY		4. DATE OF DEATH (Month) (Day) (Year) JAN. 13 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 7, 1864	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MISSOURI	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES P. GALLOWAY		13b. MOTHER'S MAIDEN NAME SARAH (Last Name N.K.)	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE THOMAS SCARCY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME MRS. ROBERTA (GALLOWAY) SHEPHERD		ADDRESS SHERBINE	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES 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.			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Jan 12, 1952** to **Jan 13, 1952**, that I last saw the deceased alive on **Jan 13, 1952** and that death occurred at **7:05 P. M.** from the causes and on the date stated above.

23a. SIGNATURE W. M. Shepherd, M.D.		23b. ADDRESS Paris, Mo.		23c. DATE SIGNED 1/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-15-52		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	
24d. LOCATION (City, town, or county) (State) HOLLIDAY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Speed Slakey			

DATE REC'D BY LOCAL REG. 1-14-52		REGISTRAR'S SIGNATURE J. A. Barnett, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed Slakey	
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(Licensed Embalmer's Statement on Reverse Side)

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

690
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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..... *E. H. Vigness*

Signed.....

Student Embalmer

Licensed Embalmer No. *4000*

PARIS, MISSOURI

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.