

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302d Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp. 1451</u>	
c. LENGTH OF STAY (in this place) <u>8 da.</u>		d. STREET ADDRESS <u>R. R. #3</u> (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosa</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Scoggins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Wallace</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Browne</u>	14. NAME OF HUSBAND OR WIFE <u>Leslie Scoggins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Scoggins</u> ADDRESS <u>Fayette, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> <u>1 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis - general</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of ovary</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan - 1949, to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Shaw M.D.</u> (Degree or title)	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>30 July 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery Fayette</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>30 July 52</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert A. Carr</u> ADDRESS <u>Fayette, Mo</u>
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4036-1 (Licensed Embalmer's Statement on Reverse Side)

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

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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~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address Fayette 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.