S. No. 300
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FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26322

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5906

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO.
c. LENGTH OF STAY (In this place): 3 MTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON 40026
d. STREET ADDRESS (If rural, give location): 400 POLO DRIVE ?

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): G.
c. (Last): SCOBEE

4. DATE OF DEATH (Month) (Day) (Year): 6-22-52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov 23, 1914
9. AGE (In years last birthday): 37 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHYSICIAN
10b. KIND OF BUSINESS OR INDUSTRY: OPHTHALMOLOGIST
11. BIRTHPLACE (City and State or Foreign Country): SHERMAN, TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: MARCUS O. SCOBEE
13b. MOTHER'S MAIDEN NAME: HELEN PATTON
14. NAME OF HUSBAND OR WIFE: MARY FRANCES GUTHRIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MARY FRANCES SCOBEE — ADDRESS: 400 POLO DR

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERY THROMBOSIS — 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) CORONARY ARTERY SCLEROSIS — 1½ YRS.

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 [X] 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?: 4201

22. *I hereby certify that I attended the deceased from* APRIL, 1951, *to* JUNE 22, 1952, *that I last saw the deceased alive on* JUNE 22, 1952, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: T R Bradley (Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 6/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6/25/52
24c. NAME OF CEMETERY OR CREMATORY: LAUREL LAND CEM.
24d. LOCATION (City, town, or county) (State): DALLAS, TEXAS.

DATE REC'D BY LOCAL REG.: JUN 24 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. LUPTON + SONS — ADDRESS: 7233 DELMAR

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 21 1952

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.