

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41427

State File No. ....

S. No. 300  
v. 10.48

030

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

FILED JAN 7 - 1953 BIRTH NO. _____		REG. DIST. NO. <u>4</u>	PRIMARY REG. DIST. NO. <u>4014</u>	Registrar's No. <u>99</u>
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u> <u>04110</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minta</u> b. (Middle) <u>Ann</u> c. (Last) <u>Scarlett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1952</u>		
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>March 9, 1885</u>	9. AGE (In years last birthday) <u>67</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 HRS: Hours _____ Mins. _____
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>In the home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>near Fairfax, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>W. F. Williams</u>		
13b. MOTHER'S MAIDEN NAME <u>Nancy Wennihan</u>		13c. NAME OF HUSBAND OR WIFE <u>William Scarlett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph K. Kenealing - Fairfax, Mo.</u> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lower nephron nephrosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Peritonitis</u> <u>48 hrs</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Perforation of rectum</u> <u>48 hrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>578x</u>		
19a. DATE OF OPERATION <u>12/27/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforation of rectum</u>		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) _____ 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 <u>12-15</u> , 19 <u>52</u> , to <u>12-25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>52</u> , and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>James L. Coffey</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Fairfax, Mo.</u>		23c. DATE SIGNED <u>12/26/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>
24d. LOCATION (City, town, or county) <u>Fairfax</u>		24e. (State) <u>MO.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 31, 1952</u>		REGISTRAR'S SIGNATURE <u>Marvin J. Schaefer</u> <u>445</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schaefer</u> ADDRESS <u>Craig, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Myself*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed *Wilber L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.