

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6922

State File No.

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>5805</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>MONROE</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-JEFFERSON TWP</u>		c. LENGTH OF STAY (In this place) <u>12 YRS.</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FLORIDA, MO.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>6896</u> <u>RURAL-JEFFERSON TWP</u>			
d. STREET ADDRESS (If rural, give location) <u>FLORIDA, MO.</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>HENRY</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>SCOBEE</u>	(Month) <u>FEB.</u>	(Day) <u>8,</u>	(Year) <u>1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APR. 6, 1870</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR <u>10</u> Days	IF UNDER 4 HRS. <u>2</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLS Co., Mo. (1)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBT. SCOBEE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH J. SCOBEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRANCES S. HENDERSON, FLORIDA, MO.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>				<u>2 wks.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				M. K.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Chronic Myocarditis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>Jan. 27, 1953</u> , to <u>Feb. 8, 1953</u> , that I last saw the deceased alive on <u>Feb. 7, 1953</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Barnett</u>				23b. ADDRESS (Degree or title) <u>M.D.</u> <u>PARIS, MO.</u>		23c. DATE SIGNED <u>2/8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SCOBEE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CO., MO.</u>		
DATE REC'D BY LOCAL REG. <u>2/9/53.</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

690

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

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIE, MISSOURI

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.