

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9008

State File No. ....

No. 300  
10.48

FILED MAR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u>		c. LENGTH OF STAY (In this place) <u>84 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Limits</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u>	
		d. STREET ADDRESS (If rural, give location) <u>City Limits</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>SCANLON</u> c. (Last) <u>SCANLON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/9/1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3/25/1869</u>	9. AGE (In years last birthday) <u>84</u>	IF BORN IN U.S. Hours Days Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Breckenridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Scanlon</u>	13b. MOTHER'S MAIDEN NAME <u>Ann McNicholas</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Scanlon</u> ADDRESS <u>Breckenridge, Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8-10 days</u> <u>4 days</u>
	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 <u>481X</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) (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 30, 1953, to Feb 9, 1953 that I last saw the deceased alive on 2-9-, 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.W. Webb, M.D.</u> (Degree or title)	23b. ADDRESS <u>Breckenridge Mo</u>	23c. DATE SIGNED <u>2-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/11/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosa Hill cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo.</u>

DATE REC'D BY LOCAL REG. <u>3-9-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael Funeral Chapel</u>	ADDRESS <u>Breckenridge, Mo.</u>
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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

*Leslie Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.