

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21389

State File No. _____

FILED JUN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> <u>422</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washel Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>902 North 2nd St</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>		a. (First) <u>A</u>		c. (Last) <u>SCROGHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June-19-53</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>2/16/1891</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Brownington Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S R</u>		13a. FATHER'S NAME <u>WILLIS SCROGHAM</u>		13b. MOTHER'S MARRIED NAME <u>ESTER JANE KEER</u>		14. NAME OF HUSBAND OR WIFE <u>LENA SCROGHAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-03-5779</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NEIL SCROGHAM</u>		ADDRESS <u>Clinton</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease</u> ANTECEDENT CAUSES <u>Malignant Hypertension</u> DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		445X	
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?			
22. I hereby certify that I attended the deceased from <u>May 1, 1953</u> , to <u>June 17, 1953</u> , that I last saw the deceased alive on <u>June 17, 1953</u> , and that death occurred at <u>2 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert H. Gabel</u>		(Degree of Physician) <u>MD</u>		23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>6-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>June-19-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Longaker</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

J E Consalvo

Licensed Embalmer No. 1891

P. O. Address Chattanooga

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.