No. 300
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FILED JUL 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22511

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4425 Registrar's No. 80

840
1

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

1. PLACE OF DEATH
a. COUNTY Polk.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Morrisville
c. LENGTH OF STAY (in this place) 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Morrisville
d. STREET ADDRESS (If rural, give location) 0 8 40 0

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) Virgilia
c. (Last) Scroggins

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1953

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH October 17, 1860
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months 8 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Brighton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Tuck.
13b. MOTHER'S MAIDEN NAME Mary Jane Mitchell.
14. NAME OF HUSBAND OR WIFE Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Miss Nelle V. Scroggins — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Primary Bladder — 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)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 181X
20. AUTOPSY? YES ☐ 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?

22. *I hereby certify that I attended the deceased from* May 1 1953, *to* June 28, 1953 *that I last saw the deceased alive on* June 20, 1953 *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M. D.
23b. ADDRESS Morrisville, Mo.
23c. DATE SIGNED July 29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-30-53
24c. NAME OF CEMETERY OR CREMATORY Brighton Cemetery
24d. LOCATION (City, town, or county) Brighton, (State) Missouri

DATE REC'D BY LOCAL REG. July 3, 1953
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 258
25. FUNERAL DIRECTOR'S SIGNATURE Greenwade-Windle — ADDRESS Willard, Mo.

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.