

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39995**

FILED NOV 24 1953

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5990** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Jackson Township)		c. LENGTH OF STAY (In this place) 70 Years	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS Lucerne	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Jane	c. (Last) Scalf	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 24 1864	9. AGE (In years last birthday) 89	10. IF UNDER 1 YEAR (Months) 9	11. IF UNDER 24 HRS. (Days) (Hours) (Min.) 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Putnam County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alexander Scott	13b. MOTHER'S MAIDEN NAME Susan Elizabeth Bruce	14. NAME OF HUSBAND OR WIFE James Allen Scalf
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Scalf	ADDRESS Lucerne, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 2 weeks years years year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage	DUE TO (b) arteriosclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	senile debility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 18 1864**, to **Nov 6 1953**, that I last saw the deceased alive on **Nov 6 1953**, and that death occurred at **10:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas L. Judd D.O.	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 11/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8 1953	24c. NAME OF CEMETERY OR CREMATORY West Liberty Cemetery	24d. LOCATION (City, town, or county) Putnam County Missouri
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DATE REC'D BY LOCAL REG. 11-21-53	REGISTRAR'S SIGNATURE Marcella D...	25. FUNERAL DIRECTOR'S SIGNATURE By J.W. Comstock	ADDRESS Unionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0860

0860

592X

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.....
Signature of Student Embalmer

Signed *James W Comstock*.....

Licensed Embalmer No. *419*.....

P. O. Address *Unionville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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