

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30390

30390

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</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>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>231 West Franklin St.</u>		d. STREET ADDRESS (If rural, give location) <u>231 West Franklin St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lige</u> b. (Middle) <u>B.</u> c. (Last) <u>Scudder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1874</u>
9. AGE (In years last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Missouri</u>
13a. FATHER'S NAME <u>John Scudder</u>		13b. MOTHER'S MAIDEN NAME <u>Delila Ward</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>Mrs. Sennie J. Scudder</u>		14. NAME OF HUSBAND OR WIFE <u>Sennie J. Scudder</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Blastic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (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. <u>Bronchial Asthma</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
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) <u>None</u>		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>1954</u> , to <u>Sept. 12, 1954</u> , that I last saw the deceased alive on <u>Sept. 12, 1954</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>S.B. Hughes, M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>9/13/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Vansant, Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept-17-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	

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

SEP 22

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 W. A. Tausant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.