

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34677

BIRTH NO.		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5805		Registrar's No. 48					
1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Jefferson			c. LENGTH OF STAY (In this place) Town		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-Jefferson Twp.				e. STREET ADDRESS (If rural, give location) Farm Home - Jefferson Twp.							
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Henry		c. (Last) Scobee		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 3-24-1876		9. AGE (In years) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Stephen T. Scobee			13b. MOTHER'S MAIDEN NAME Anna Crigler			14. NAME OF HUSBAND OR WIFE None					
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 Dale Scobee Perry, Missouri				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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Natural Causes DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH N.S.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION #222						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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Mark Bodine, Sheriff Monroe Co.				23b. ADDRESS Paris, Missouri				23c. DATE SIGNED 10-20-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-15-1954		24c. NAME OF CEMETERY OR CREMATORY Scobee Family Cemetery		24d. LOCATION (City, town, or county) (State) Monroe County, Mo.					
DATE REC'D BY LOCAL REG. 10-22-54		REGISTRAR'S SIGNATURE J. D. Barnhart		25. FUNERAL DIRECTOR'S SIGNATURE M. D. Clyde		ADDRESS Walker Perry Inc.					

(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.....
Signature of Student Embalmer

Signed *Clyde C. Wilkey*.....

Licensed Embalmer No. *138*.....

P. O. Address *Long*.....

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.