

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40506

BIRTH NO. _____		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 4163		Registrar's No. 15					
1. PLACE OF DEATH a. COUNTY <i>Barry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i>				b. COUNTY <i>Barry</i>			
b. CITY OR TOWN <i>Jamesport</i>		c. LENGTH OF STAY (in this place) <i>2 days</i>		c. CITY OR TOWN <i>Jamesport MO</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bailey Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>0310</i>							
3. NAME OF DECEASED (Type or Print)		a. (First) <i>TROY</i>		b. (Middle) <i>THOMAS</i>		c. (Last) <i>SCUDERS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 22 1954</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>		8. DATE OF BIRTH <i>Dec. 20-1954</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>2 2</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>Jamesport, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13a. FATHER'S NAME <i>Virgil Scuders</i>			13b. MOTHER'S MAIDEN NAME <i>Betty Halley</i>			14. NAME OF HUSBAND OR WIFE <i>none</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT'S SIGNATURE OR NAME <i>Virgil Scuders</i>			ADDRESS <i>Jamesport Mo.</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>fractured ribs - 6 mo. 15 days.</i>									
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <i>776 X</i>		(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 <i>Dec 19 1954</i> to <i>Dec 22 1954</i> , that I last saw the deceased alive on <i>Dec 19 1954</i> , and that death occurred at <i>9:00</i> a.m., from the causes and on the date stated above.											
23a. SIGNATURE <i>J.B. Bailey</i>				(Degree or title) <i>MD</i>				23b. ADDRESS <i>Jamesport Mo.</i>		23c. DATE SIGNED <i>12-22-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-23-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Int. Moriah</i>		24d. LOCATION (City, town, or county) <i>Heavens Co</i>		(State) <i>MO</i>			
DATE REC'D BY LOCAL REG. <i>12-23-54</i>		REGISTRAR'S SIGNATURE <i>Virginia M. Englehart</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>D.L. Goberson</i>			ADDRESS <i>Jamesport Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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 *Q. L. Roberson*.....

Licensed Embalmer No. *324*.....

P. O. Address *Imperial*.....

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.