

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8975**  
Registrar's No. **109**

FILED MAR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048**

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GENEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARYVILLE, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STANBERRY, MISSOURI</b>	
c. LENGTH OF STAY (in this place) <b>6 HOURS</b>		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SAINT FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>307 N. ALANTHUS ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIRGIL</b> b. (Middle) <b>V. (NO MIDDLE NAME)</b> c. (Last) <b>SCADDEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 15 1955</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JUNE 5 1907</b>		9. AGE (In years last birthday) <b>47</b>		10. IF UNDER 1 YEAR: Months <b>8</b> Days <b>10</b> Hours <b>-</b> Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHARMACIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PHARMACY</b>		11. BIRTHPLACE (State or foreign country) <b>GRANT CITY, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JOHN DALLAS SCADDEN</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY LEVESTA TILFORD</b>		14. NAME OF HUSBAND OR WIFE <b>ARLENE AUDRA SCADDEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>520-05-0329</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ARLENE SCADDEN-STANBERRY</b> ADDRESS <b>STANBERRY</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery Occlusion</b> DUE TO (c) <b>undetermined</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 hours</b> <b>hours</b>	
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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) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from **February 9, 1955**, to **February 15, 1955**, that I last saw the deceased alive on **February 15, 1955**, and that death occurred at **4:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clare L. Barlin M.D.</b>		23b. ADDRESS <b>Stanberry, Missouri</b>		23c. DATE SIGNED <b>2-17-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB-18-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GRANT CITY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>GRANT CITY MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ross E. Johnson</b> ADDRESS <b>Stanberry, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>3-19-55</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>			

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 \_\_\_\_\_

*N/A*

Student Embalmer No. *N/A*

working under my personal supervision.

Student *N/A* .....  
Student Embalmer

Signed *Lois Ewan Johnson*

Licensed Embalmer No. *4948*

P. O. Address *Stanherry, 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.