

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20994**

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u>)	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg</u>	d. STREET ADDRESS (If rural, give location) <u>No street address</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALICE</u>	b. (Middle) <u>ELVIRA</u>	c. (Last) <u>SULGROVE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 18 1874</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR <u>9</u> Months <u>5</u> Days	IF UNDER 24 HRS. <u></u> Hours <u></u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY(S) <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Scofield</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	INFORMANT'S SIGNATURE OR NAME <u>Neuros Sulgrove Martinsburg Mo</u>		ADDRESS <u></u>
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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) <u>Cerebral vascular accident</u>	DUE TO (b) <u>Myocardial failure</u>		<u>6 weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Cerebral arteriosclerosis & Coronary arteriosclerosis</u>		<u>years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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"/>
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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)	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 May 1 1953 to July 23, 1955 that I last saw the deceased alive on July 23, 1955, and that death occurred at 5:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.D. Lankford</u>	23b. ADDRESS <u>M.D. Mexico Mo</u>	23c. DATE SIGNED <u>7-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.B. Hells</u>	ADDRESS <u>Hellsville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAUG 4 1955

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 JB Wells

Licensed Embalmer No. 1288

P. O. Address Stellerville

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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