No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1955

State File No. 27228

BIRTH NO. _____ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 3054 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place): 2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN: Louisiana
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 923 Dougherty Pike

3. NAME OF DECEASED (Type or Print)
a. (First): Loetta
b. (Middle): Mae
c. (Last): Scranton

4. DATE OF DEATH (Month) (Day) (Year): Aug 11-55

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: June 28-1937
9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
11. KIND OF BUSINESS OR INDUSTRY: Garment Factory
BIRTHPLACE (City and State or Foreign Country): Atlas Tp. Ill
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Truman H Scranton
13b. MOTHER'S MAIDEN NAME: Mildred M Wheeler
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 464-38-4687
17. INFORMANT'S SIGNATURE OR NAME: TRUMAN H. SCRANTON
ADDRESS: LOUISIANA, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun shot wounds in chest — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): and neck
DUE TO (c): 981X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Louisiana Pike Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 10-55 6 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Inquest Pending

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at 4:0 P m., from the causes and on the date stated above.

23a. SIGNATURE: J. C. Medel (Degree or title): Coroner
23b. ADDRESS: Bowling Green Mo.
23c. DATE SIGNED: Aug 14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: AUG 14, 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Riverview
24d. LOCATION (City, town, or county) (State): Louisiana Mo

DATE REC'D BY LOCAL REG.: Aug 14, 1955
REGISTRAR'S SIGNATURE: Bernice Callier
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. M. Collier
ADDRESS: Louisiana Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 38

P. O. Address Louisian

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.