

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31979**
SHARPS

FILED OCT 5 - 1955

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **4494** Registrar's No. **330**

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA		c. CITY OR TOWN WINONA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 114 yrs.		e. STREET ADDRESS (If rural, give location) TOTD	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Edmond	b. (Middle) Eugene	c. (Last) Scoville	4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 - 1955
-------------------------------------	--------------------------	---------------------------	---------------------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JAN. 17 - 1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 1 HR. Hours Min.
-----------------	---------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) LIBERAL, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	--	--

13a. FATHER'S NAME Albert Scoville	13b. MOTHER'S MAIDEN NAME Josephine Curless	14. NAME OF HUSBAND OR WIFE EMMA Scoville
---	--	--

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.	17. INFORMANT'S SIGNATURE OR NAME John Scoville	ADDRESS Rt 1 Birch Tree, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of pancreas DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		157X	

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) 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 **Jan 5, 1955**, to **Aug 26, 1955**, that I last saw the deceased alive on **Aug 26, 1955**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE C E Sharp D.O. (Degree or title)	23b. ADDRESS Winona Mo	23c. DATE SIGNED 9/28/55
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) B.	24b. DATE Aug 28 - 55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. Oct 3, 1955	REGISTRAR'S SIGNATURE Mohel Rose	25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S Mt. View, Mo.	ADDRESS
---	---	--	---------

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 *Joel S. Linn*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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.