

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

753

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 34

1. PLACE OF DEATH  
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Boone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City

c. CITY OR TOWN Ashland,

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Osteopathic Hospital

e. STREET ADDRESS (If rural, give location) Rural Route #2

3. NAME OF DECEASED (Type or Print)  
a. (First) Thomas b. (Middle) Jackson c. (Last) Scranton

4. DATE OF DEATH (Month) (Day) (Year)  
January 25, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 30, 1889

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Nebo, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Jefferson Scranton

13b. MOTHER'S MAIDEN NAME Rosie Bickmore

14. NAME OF HUSBAND OR WIFE Edith Truelove Scranton

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 ADDRESS  
Naomi Shapley, 9623 Poinciana, Rivera, Calif.

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

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Essential Hypertension  
DUE TO (c) Arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1956, to 1/24, 1956, that I last saw the deceased alive on 1/24, 1956, and that death occurred at 5:44 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Steffen D.O. 23b. ADDRESS Ashland, Mo.

23c. DATE SIGNED 1/25/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE January 25, 1956

24c. NAME OF CEMETERY OR CREMATORY New Liberty 24d. LOCATION (City, town, or county) (State) Ashland Mo

DATE REC'D BY LOCAL REG. 26 Jan 1956

REGISTRAR'S SIGNATURE R.P. Davis MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Burnett Ashland Mo.

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

JAN 27 1956

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 *Wm L Burnett* .....

Licensed Embalmer No. *356*

P. O. Address *Ashtland,* .....

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.