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

Filed MAR 5 1956  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4417

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 172-A	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) G. WEEKS		c. CITY OR TOWN NORWOOD MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CONNLEY REST HOME				e. STREET ADDRESS (If rural, give location) 1117			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) FRANCES c. (Last) SCARBOROUGH			4. DATE OF DEATH (Month) (Day) (Year) FEB. 19 1956				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-30-1872		9. AGE (In years last birthday) 83	10 UNDER 1 YEAR	10 UNDER 1 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and State or Foreign Country) MT. VERNON ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME G.M. WALKER		13b. MOTHER'S MAIDEN NAME MARY LESTER		14. NAME OF HUSBAND OR WIFE JOHN SCARBOROUGH			
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. [check]		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Scarborough			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, general, with cerebral thrombosis, arteriosclerosis, heart disease DUE TO (b) and arteriosclerosis nephritis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 11-25, 1955, to FEB. 19, 1956, that I last saw the deceased alive on FEB. 19, 1956, and that death occurred at 7:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Glenn O. Turner, M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 2/23/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-21-56	24c. NAME OF CEMETERY OR CREMATORY HALLCREST		24d. LOCATION (City, town, or county) (State) MTN. GROVE MO.		
DATE REC'D BY LOCAL REG. 2-27-56		REGISTRAR'S SIGNATURE Faith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RWT Barber Mtn. Grove			

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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..... *Howe Barber*

Licensed Embalmer No. *38*

P. O. Address *Int'l*

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.