

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31344

State File No.

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (In this place) <u>7 Days</u>	c. CITY OR TOWN <u>Chillicothe</u>	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 <u>Chillicothe Municipal Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>817 Locust</u> 0590	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annis</u> b. (Middle) <u>Lucy</u> c. (Last) <u>Scovill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1956</u>		
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>1875 Sept 21</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chola Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Ward</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Mulford</u>	14. NAME OF HUSBAND OR WIFE <u>Harry F. Scovill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Murphy Claumauer, able</u>	ADDRESS _____
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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, asbestosis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Terminal - Bronch</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Coronary Sclerosis</u>		<u>2 wks</u> <u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured left Femur</u>		<u>1 wk.</u>	

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) (Min) _____	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 Jan 10, 1948 to Sept 8, 1956, that I last saw the deceased alive on Sept 8, 1956, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Conrad M.D.</u>	(Degree or title)	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>Sept. 10-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/11/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chola Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-10-56</u>	REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>	ADDRESS <u>Funeral Home Chola Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

171-0

SEP 19 1958

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 *JMBlection*

Licensed Embalmer No. *4388*
P. O. Address *Laredo*

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.