No. 300
10.48

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

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39772

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10201

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Louisiana, b. COUNTY: Baton Rouge Range
c. CITY OR TOWN: BATON ROUGE
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3350 Lake Street 8170 8

3. NAME OF DECEASED (Type or Print): a. (First) Ralph b. (Middle) E. c. (Last) Scearce

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1956

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct 6, 1889

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired; Sales rep. for Stores & Schafer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Noblesville, Indiana

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

13a. FATHER'S NAME: Chester G. Scearce

13b. MOTHER'S MAIDEN NAME: Kathryn Hartan

14. NAME OF HUSBAND OR WIFE: Margaret Scearce

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.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Jack Scearce **ADDRESS**: Indianapolis, Indiana

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) Acute Pulmonary Edema see back — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Myocardial Infarction EKG — 3 hr

DUE TO (c) Hypertensive Cardiovascular — 8 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris — 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4201.

20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1956, *to* 11-7, 1956, *that I last saw the deceased alive on* 11-7, 1956, *and that death occurred at* 5 55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Martin G. Austen M.D. (Degree or title) **23b. ADDRESS**: 607 N. Grand Blvd **23c. DATE SIGNED**: 11-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov, 8, 1956

24c. NAME OF CEMETERY OR CREMATORY: Danville

24d. LOCATION (City, town, or county) (State): Indianapolis, Indiana

DATE REC'D BY LOCAL REG.: NOV 8 1956

REGISTRAR'S SIGNATURE: Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: C.R. Lupton & Sons, 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Patient has marked EKG changes consistent with myocardial damage. Clinical picture of massive pulmonary edema. Laboratory revealed. marked tissue destruction. M. J. Austin

University Club
JE-1-1750 - PR-1-6080

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis,

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