

FILED NOV 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. **40395**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **4523** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Schell City		c. CITY OR TOWN Schell City	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) 5 yrs.		e. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home			

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle)	c. (Last) Scritchfield	4. DATE OF DEATH (Month) (Day) (Year) November 10 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 15, 1893	9. AGE (In years) (last birthday) 63 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oil field laborer	10b. KIND OF BUSINESS OR INDUSTRY oil field	11. BIRTHPLACE (City and State or Foreign Country) Acadia Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Daniel Scritchfield	13b. MOTHER'S MAIDEN NAME Elvira ?	14. NAME OF HUSBAND OR WIFE Florence Russell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. I	16. SOCIAL SECURITY NO. 442-07-7078	17. INFORMANT'S SIGNATURE OR NAME Florence Scritchfield	ADDRESS Schell City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs. 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260.X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none performed	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)	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 **6/15, 1952**, to **10/10, 1956**, that I last saw the deceased - alive on **11/8, 1956**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. O. Birke, D.O.	(Degree or title)	23b. ADDRESS Rockville, Mo.	23c. DATE SIGNED 11/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-13-56	24c. NAME OF CEMETERY OR CREMATORY Sunset Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Eldorado Kansas
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DATE REC'D BY LOCAL REG. 11-15-1956	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Lewis & Son	ADDRESS Schell City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

45/0

6101 2.1 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.....

John G. Lewis

Licensed Embalmer No. 47

P. O. Address Schell E

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.