

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41152

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		c. CITY OR TOWN Perry, Missouri.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 3 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) RUBE	First RUBE	Middle H.	Last SCOBEE.	4. DATE OF DEATH Month Nov Day 17 Year 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 20, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8 Days Hours Min. 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.	10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (City and state or country) Monroe Co, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Stephen Scobee.	14. MOTHER'S MAIDEN NAME Lucy S. White.
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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 Address Mrs Essie Lee Scobee, Perry, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis	
	DUE TO (c) 334X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Hannibal, Missouri	COUNTY STATE
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21. I attended the deceased from 11-4-57 to 11-17-57 and last saw her ^{her} him alive on 11-17-57 Death occurred at 9:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. J. Handley (Degree or title)	22b. ADDRESS M.D., Hannibal, Missouri.	22c. DATE SIGNED 11-1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-57	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	23d. LOCATION (City, town, or county) (State) Perry, Missouri.
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24. FUNERAL DIRECTOR Plyden Wisney	ADDRESS Perry, Mo.	25. DATE RECD. BY LOCAL REG. 11-21-57	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke
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(Licensed Embolmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

189-C

