

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41267

STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 277 Primary Registration District No. 4366 Registrar's No. 52

Health, Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		c. CITY OR TOWN Granby	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) N. Penna	
3. NAME OF DECEASED (Type or print) First Ward Middle Lyman Last Scritchfield		4. DATE OF DEATH Month October Day 28 Year '57	
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 Jan. 29, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-ret.		10b. KIND OF BUSINESS OR INDUSTRY Road Construction	11. BIRTHPLACE (City and state or country) Huntsville, Ark.
13. FATHER'S NAME John Scritchfield		14. MOTHER'S MAIDEN NAME Helen Chapel	
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. 500-09-5864	17. INFORMANT Mrs. Grace Scritchfield Granby, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure. DUE TO (b) Pernicious anemia. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 5 days 1 yr.
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.)	
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 COUNTY STATE
21. I attended the deceased from 11/20/56 to 10/28/57 and last saw him her alive on 10/28/57 . Death occurred at 5:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Death or title) Charles O. Custer, D.O.		22b. ADDRESS GRANBY MO.	22c. DATE SIGNED 11/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-30-1957	23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	23d. LOCATION (City, town, or county) (State) McElhany Missouri
24. FUNERAL DIRECTOR Floyd E. Shewmake Jr.		25. DATE RECD. BY LOCAL REG. Nov. 2, 1957	26. REGISTRAR'S SIGNATURE M. B. Young

(Licensed Embalmer's Statement on Reverse Side)

EMBALMER
District File Number *Newton* 1157-250
Date Filed NOV 12 1957

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 *Floyd E. Shewmaker*

Licensed Embalmer No. 491
Box 58 Granby
P. O. Address

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.