FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2082

Registration District No. 227 Primary Registration District No. 5806 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Monroe.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southfork Township — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SantaFe, Mo. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Monroe.
c. CITY OR TOWN Southfork, Township — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Residence on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Cash Middle D. Last Scrogin.
4. DATE OF DEATH: Month Feb Day 6 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 29, 1889
9. AGE (In years last birthday): 68 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Audrain Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Scrogin
14. MOTHER'S MAIDEN NAME: Unknown.
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.
17. INFORMANT: Mrs Carrie Scrogin. Address: Santa, Fe, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-Feb.-6-1958, to 7-Feb.-6-1958 and last saw him alive on 7-Feb.-6-1958. Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. A. Barnett (Degree or title) M.D.
22b. ADDRESS: Paris, Missouri.
22c. DATE SIGNED: 2-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 8, 1958
23c. NAME OF CEMETERY OR CREMATORY: Farber Cemetery,
23d. LOCATION (City, town, or county) (State): Farber, Missouri.

24. FUNERAL DIRECTOR: Clyde C. Mickey — ADDRESS: Perry, Mo.
25. DATE RECD. BY LOCAL REG.: 2-8-58
26. REGISTRAR'S SIGNATURE: F. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Clyde C. Wilke

Licensed Embalmer No..382

P. O. Address...Perry, Mo

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