Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000063
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 4 Primary Registration District No. Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Atchsion
b. CITY OR TOWN: Fairfax — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Fairfax Community Hospital — Length of stay in Hospital: 5 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Atchsion
c. CITY OR TOWN: Fairfax 0030 0 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [X] No [X]

3. NAME OF DECEASED (Type or print): First: MARY Middle: ELLA Last: SCARLETT

4. DATE OF DEATH: Month: Jan. Day: 25 Year: 1959

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Mar. 7, 1895

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months: 10 Days: 18 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Corning, Mo.

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

13a. FATHER'S NAME: Charles Gaffney

13b. MOTHER'S MAIDEN NAME: Stella Mavity

14. NAME OF HUSBAND OR WIFE: H.O. Scarlett

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.: none

17. INFORMANT: H.O. Scarlett Address: Fairfax, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 occlusion & Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 40 minutes
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): 5810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 12/30/58, to 1/25/59 and last saw her alive on 1/25/59
Death occurred at 4 00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Niedermeyer, M.D.

22b. ADDRESS: Tarkio, Mo.

22c. DATE SIGNED: 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 1/28/59

23c. NAME OF CEMETERY OR CREMATORY: Tharps Cemetery

23d. LOCATION (City, town, or county) (State): Craig, Mo.

24. FUNERAL DIRECTOR: Davis Funeral Home ADDRESS: Tarkio, Mo.

25. DATE RECD. BY LOCAL REG.: Feb 7, 1959

26. REGISTRAR'S SIGNATURE: Thurwin W. Schaeler

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1959

AUG 16 1960

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 Fred A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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.