No. 300
10.48

FILED FEB 9 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002046
State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (In this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 418 Elm St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN Chillicothe 0542
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 418 Elm St.

3. NAME OF DECEASED (Type or Print) a. (First) BERT b. (Middle) c. (Last) SCRUBY
4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 29, 1872
9. AGE (In years last birthday) 86 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) Retired Grain Miller
10b. KIND OF BUSINESS OR INDUSTRY MILLER
11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Scruby
13b. MOTHER'S MAIDEN NAME NO RECORD
14. NAME OF HUSBAND OR WIFE Joella Adams
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'S SIGNATURE OR NAME ADDRESS Mrs. Fern Cooper; Chillicothe, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 177X
20. AUTOPSY? YES [ ] NO [X] 2

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1957, *to* 2-3, 1959, *that I last saw the deceased alive on* 2-3, 1959, *and that death occurred at* 6:45a.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. Everett (Degree or title) DD. 2
23b. ADDRESS Chillicothe
23c. DATE SIGNED 2-3-59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-4-59
24c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery
24d. LOCATION (City, town, or county) (State) Wheeling, Mo.

DATE REC'D BY LOCAL REG. 2/3/59
REGISTRAR'S SIGNATURE Francis B Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe,

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