

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018168
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 107

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 123 S. McGregor		d. STREET ADDRESS 123 S. McGregor	
3. NAME OF DECEASED (Type or print) First MIDDLE Last EDGAR WILSON SCRANTON		4. DATE OF DEATH Month Day Year May 18, 1959	
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 Feb 20, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) harness maker		10b. KIND OF BUSINESS OR INDUSTRY leather	9. AGE (In years last birthday) 86
11. BIRTHPLACE (City and state or country) / Shelbyville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Scranton		13b. MOTHER'S MAIDEN NAME Diantha Edgar	14. NAME OF HUSBAND OR WIFE Clara Smith Scranton
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. 493-38-7209	17. INFORMANT Address Carthage Mrs. E.W. Scranton, 123 S. McGregor, 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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Unknown
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 1-12-59, to 5-18-59 and last saw him alive on 5-18-59 Death occurred at 4 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard R. Coyle (Degree or title) MD		22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 5-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-25-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	23d. LOCATION (City, town, or county) (State) Elkins, Arkansas.
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 5-25-59	26. REGISTRAR'S SIGNATURE EM Clinton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Carthage, 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.