

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022299

STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 251 Primary Registration District No. 3648 Registrar's No. 166

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 674 1/2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Timothy Eugene Scadden			4. DATE OF DEATH Month Day Year June 23, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1959	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Infant)		10b. KIND OF BUSINESS OR INDUSTRY (Infant)	11. BIRTHPLACE (City and state or country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Clinton Harold Scadden		13b. MOTHER'S MAIDEN NAME Evelyn Arlene Spoonemore		14. NAME OF HUSBAND OR WIFE Never Married	
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. None	17. INFORMANT Address Clinton Harold Scadden - Parnell, 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) <u>premature separation of</u> <u>parents</u> 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 (e) 7610					INTERVAL BETWEEN ONSET AND DEATH 8 days
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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 4-26-59 to 6-23-59 and last saw her alive on 6-23-59 Death occurred at St. Francis Hosp 4am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. C. Brannon			22b. ADDRESS 1218. Main Maryville Mo		22c. DATE SIGNED 6/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 24-59	23c. NAME OF CEMETERY OR CREMATORY Grant Cemetery		23d. LOCATION (City, town, or county) (State) Grant City, Missouri
24. FUNERAL DIRECTOR ADDRESS B. P. A. Purpe - S. C. Mo.			25. DATE RECD. BY LOCAL REG. 7-6-59	26. REGISTRAR'S SIGNATURE Les Hart	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Bill A. Dunfee*

Licensed Embalmer No. *4902*

P. O. Address *Grant City*

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.