

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036045

FILED VS NOV 4 1959

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b Tr.	c. CITY OR TOWN Pilot Knob
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Mary's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Pilot Knob

3. NAME OF DECEASED (Type or print) First BOBBIE	Middle PAUL	Last SCAGGS	4. DATE OF DEATH Month 10	Day 25	Year 59
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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 10/26/41	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY timber	11. BIRTHPLACE (City and state or country) Annapolis Mo.	12. CITIZEN OF WHAT COUNTRY USA.
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13a. FATHER'S NAME Harold Scaggs	13b. MOTHER'S MAIDEN NAME Helen Stevens	14. NAME OF HUSBAND OR WIFE ##
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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.	17. INFORMANT Harold Scaggs, Pilot Knob, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Shock and loss of blood		
DUE TO (b) Broken neck		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) While riding in car Driver lost control
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20c. TIME OF INJURY Hour 12:30^{am}	Month, Day, Year 10 25 59	D.O.A. at St. Marys Hospital Ironton, Mo.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #49	20f. CITY, TOWN, OR LOCATION Near Gads Hill	COUNTY Wayne	STATE Mo
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C.R. Howell</i> Coroner	(Degree or title)	22b. ADDRESS Ironton, Mo.	22c. DATE SIGNED 10-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-27-59	23c. NAME OF CEMETERY OR CREMATORY Meadows Cemetery	23d. LOCATION (City, town, or county) Annapolis Mo.
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24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo.	ADDRESS <i>White</i>	25. DATE RECD. BY LOCAL REG. 10-26-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Aris Jones</i>
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RECEIVED DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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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 *Annex White*

Licensed Embalmer No. 3012

P. O. Address *Trouton Hill*

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.