

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL CENTER FOR HEALTH STATISTICS
 NATIONAL BUREAU OF VITAL STATISTICS
 NATIONAL CENTER FOR HUMAN GENEALOGY

-60-037190

FILED VS SEP 19 1960

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6179 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Twp.</u>		Length of stay in 1b <u>30 yrs</u>		c. CITY OR TOWN <u>Jackson Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Myers</u> Last <u>Scola</u>		4. DATE OF DEATH Month <u>9</u> Day <u>6</u> Year <u>1960</u>		5. SEX <u>W</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-16-1867</u>		9. AGE (last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hebi.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Beasley</u>			13b. MOTHER'S MAIDEN NAME <u>Rhue Deeds</u>			14. NAME OF HUSBAND OR WIFE <u>A. J. Myers (dead)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Minnie Harrington - Unionville, Mo</u> Address			
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>Senility</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension for years</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ 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 <u>Aug 3-1940</u> to <u>Sept 6-1960</u> and last saw her alive on <u>Sept 6-1960</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>Chas L Gulkoo</u> (Degree or title)				22b. ADDRESS <u>Unionville Mo 9-76</u>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-8-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pollock Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Pollock Mo</u>	
24. FUNERAL DIRECTOR <u>Dwight Schaefer</u> ADDRESS <u>Miller Mo</u>			25. DATE RECD. BY LOCAL REG. <u>9-12-60</u>		26. REGISTRAR'S SIGNATURE <u>Ma. M. W. Beckert</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Mulan - M

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.