

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040716

FILED VS

OCT 24 1960

326

Primary Registration District No. 4481

Registrar's No. 35

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gorin</b>		Length of stay in 1b <b>17 years</b>	c. CITY OR TOWN <b>Gorin</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>H.</b> Last <b>Scifres</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>16,</b> Year <b>1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/13/1880</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Clark Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Joseph Scifres</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Raine</b>		14. NAME OF HUSBAND OR WIFE <b>Eva M. Scifres</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Eva. M. Scifres. Gorin, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **See below 20B-20C & 21**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH **200**

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.  
 Yes  No  Unknown

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.) <b>Was hit by Santa Fe Train NO 16.</b>			
20c. TIME OF INJURY Hour Month, Day, Year s.m. ← <b>Oct. 16 1960</b> p.m.	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.) <b>on Railroad Track</b>	20f. CITY, TOWN, OR LOCATION <b>Gorin</b>	COUNTY <b>Scotland Mo.</b>	STATE

21. I attended the deceased from **1950** to **above date** and last saw him alive on **28. Oct 15, 1960**  
Death occurred at **approximately 9:54 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>C. M. Simler Co. Coroner of Scotland County</b>		(Degree or title)		22b. ADDRESS <b>Gorin, Mo.</b>		22c. DATE SIGNED <b>Oct. 17 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>		23d. LOCATION (City, town, or county) <b>Gorin, Missouri</b>		(State)	

24. FUNERAL DIRECTOR <b>Hecht &amp; Baskett Memphis, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-18-60</b>		26. REGISTRAR'S SIGNATURE <b>Vera G.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 22 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George F. Guth

Licensed Embalmer No. 509

P. O. Address Memphis

\*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.