

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-004344

STATE FILE NUMBER

AMENDED

Registration District No. 342 Primary Registration District No. _____ Registrar's No. 2

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ston</u>		2. USUAL RESIDENCE (Where deceased lived if Institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Ston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breeds Spring</u>		Length of stay in lb <u>life</u>	c. CITY OR TOWN <u>Breeds Spring</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital give location) HOSPITAL OR INSTITUTION <u>mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle _____ Last <u>Scagg</u>			4. DATE OF DEATH Month <u>1</u> Day <u>16</u> Year <u>1961</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</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>Feb 8 - 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mo</u>	9. AGE (last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u> IF UNDER 24 HR Hours <u>11</u> Min. <u>8</u>
11a. BIRTHPLACE (City and state or country) <u>mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Sam Peppers</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wehber</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Flora Scagg</u> Address <u>Breeds Spring mo</u>
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>Drooping Measles</u> DUE TO (b) <u>Acute Nephritis</u> DUE TO (c) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>1 mo</u>
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 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. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>Jan 1960</u> to <u>Jan 1961</u> and last saw her alive on <u>1/14/61</u> . Death occurred at <u>Jan 6, 1961</u> <u>6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul Roberts D.O.</u> (Degree or title)		22b. ADDRESS <u>Breeds Spring mo</u>	22c. DATE SIGNED <u>1/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan - 18 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eisenham</u>	23d. LOCATION (City, town, or county) <u>Breeds Spring - mo</u> (State)
24. FUNERAL DIRECTOR <u>Everett G. Cheatham - Galena</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>Jan 21 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Buxton</u>

FEB 21 1967

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 Everett J. Cheatham

Licensed Embalmer No. 3870
P. O. Address Galena 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.