

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001380

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 138 Primary Registration District No. 5822 Registrar's No. 68

STATE FILE NUMBER

AMENDED

**FILED FEB 13 1962**

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crosstimbers</u>		Length of stay in 1b <u>years</u>	c. CITY OR TOWN <u>Cross Timbers</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>—</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>—</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ONNIE</u> Last <u>SCRUGGS</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>2</u> Year <u>1962</u>			
--	--	--	--	--	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 29, 1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
--------------------	-------------------------------	---	--------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Independence, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
---	---	--	--

13a. FATHER'S NAME <u>William Henry Scruggs</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Evans</u>	14. NAME OF HUSBAND OR WIFE <u>Netta Scruggs</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>	17. INFORMANT <u>Netta Scruggs</u> Address <u>Crosstimbers, Mo</u>
---	--

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) <u>Coronary Occlusion</u>		<u>40 ho</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Left Hemiplegia</u>	<u>two years</u>
	DUE TO (c) <u>Vascular sclerosis-general</u>	<u>?</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 type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	Month, Day, Year <u>—</u>
--	---------------------------

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 June 1958 to February 1962 and last saw her alive on 2/2/1962  
Death occurred at 5:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Urbana, Mo</u>	22c. DATE SIGNED <u>Feb 3, 1962</u>
---	--------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 4, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cross Timbers Hickory Co, Mo</u>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <u>John J Reser</u> ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 7, 1962</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	---	--

DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 INSTEAD 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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.