

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-0051172
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 292
APPLIED 23 64

Primary Registration District No. 6002 Registrar's No.

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10870			
206910			
3			
4 0			
5 0			
6			
7 0			
8 2			
9 X			
10			
11 087			
12 91-3			
13 1-1			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY Ralls.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Saltriver Township		c. CITY OR TOWN RFD Perry, Mo.	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) Highway #19		d. STREET ADDRESS Monroe County, Mo.	Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) JEROME ELLIOTT SCOBEE.		4. DATE OF DEATH Month Dec Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-30-44
9. AGE (last birthday) 19 Yrs		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Dale Scobee.		13b. MOTHER'S MAIDEN NAME Ruth Elliott.	
14. NAME OF HUSBAND OR WIFE Single.		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. 499-48-5155		17. INFORMANT Address Dale Scobee, Perry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Shoulder & Crushed chest. Auto accident. 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 instant.	
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 ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto ran off road and struck brodge abutment	
20c. TIME OF INJURY Hour 2:00 a.m. PM Month, Day, Year 12-15-64	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #19.		20f. CITY, TOWN, OR LOCATION Saltriver Township, Ralls Co., Mo.	
21. I attended the deceased from No Medical attention. and last saw her alive on 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clyde E. Wickes Coroner		22b. ADDRESS Perry, Mo. Ralls County.	
22c. DATE SIGNED 12-15-63		22d. LOCATION (City, town, or county) (State) Ralls Co., Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-1963	23c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery.	
24. FUNERAL DIRECTOR Clyde E. Wickes		25. DATE RECD. BY LOCAL REG.	
26. REGISTRAR'S SIGNATURE Clyde E. Wickes			

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1964

APR 11 1964

X

X

X

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 Clyde L. Perry

Licensed Embalmer No. 3820

P. O. Address Perry, 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.