

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14076

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Renals			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (in this place) 2 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ruble, Missouri.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print) a. (First) Issac			b. (Middle) (none)		c. (Last) Scaggs		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (State or foreign country) Renals County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None.		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ferndale Nursing Home, St. James, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chronic myocarditis Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 day 7 months 9 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January 15, 1950, to March 14, 1950, that I last saw the deceased alive on March 13, 1950, and that death occurred at 7:15 a. m., from the causes and on the date stated above.							
23a. SIGNATURE C. Hamner, M.D.				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED III. 14. '50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-14-1950	24c. NAME OF CEMETERY OR CREMATORY Renals County		24d. LOCATION (City, town, or county) (State) Renal County, Missouri.		
DATE REC'D BY LOCAL REG. April 1, 1950		REGISTRAR'S SIGNATURE Carol G. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE O.E. Licklider, St. James, Mo.		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUN 23 1950

Phelps County Health Officer,

County File Number _____

Date Filed 4-8-50

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 _____

ml

Student Embalmer No. _____

working under my personal supervision.

Signed Carl J. Glenn

Signed _____
Student Embalmer

Licensed Embalmer No. 4207

P. O. Address St. James, 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 this body is not embalmed, fact should be so stated above.