

No. 300  
10.48

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36882

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14.3 PRIMARY REG. DIST. NO. 4232 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u> <u>0460</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Green</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>SCARBROUGH</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov. 30, 1950.</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March. 13, 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Railroading</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Texas County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	--	------------------------------

13a. FATHER'S NAME <u>Jame Lafayette Scarbrough</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Wright</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Scarbrough, Seymour, Mo.</u>	ADDRESS
--	-------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Failure, acute</u> DUE TO (c) <u>Cerebral &amp; Coronary Arteriosclerosis Longstanding</u>		<u>Instant</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>31X</u>

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 11/20, 1950, to 11/30, 1950, that I last saw the deceased alive on 11/28, 1950, and that death occurred at 10A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M.B. Perkins, MD</u> (Degree or title)	23b. ADDRESS <u>Willow Springs, Mo.</u>	23c. DATE SIGNED <u>12/1/50</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/1/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cemetery, Willow Springs, Mo.</u>	24d. LOCATION (City, town, or county) (State)
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Dec. 1, 1950</u>	REGISTRAR'S SIGNATURE <u>Marshall Ballard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home, Willow Spgs., Mo.</u>	ADDRESS
--	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
DISTRICT No. 5 - Springfield

RECORDED DEC 6 1950

Dist. File 1250-2435-

Date Filed 12-6-50

**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.....

Student Embalmer No. ....

working under my personal supervision.

**NO EMBALMING.**

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.