

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29

| | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | PRIMARY REG. DIST. NO. <u>3000</u> | Registrar's No. <u>36</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> | | |
| c. LENGTH OF STAY (In this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) <u>703 W. Friedman</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> | | b. (Middle) <u>Fern</u> | | c. (Last) <u>Scurlock</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1951</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 8, 1912</u> | 9. AGE (In years last birthday) <u>38</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Dee Book</u> | | 13b. MOTHER'S MAIDEN NAME <u>Effie Simler</u> | | 14. NAME OF HUSBAND OR WIFE <u>Glen Scurlock</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> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glen Scurlock, Kirksville, Mo.</u> | |
| 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) <u>Purulent meningitis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 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) | | 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 <u>Jan. 27, 1951</u> to <u>Feb. 2, 1951</u> , that I last saw the deceased alive on <u>Feb. 2, 1951</u> , and that death occurred at <u>12:52 a. m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>A. D. McClure</u> | | 23b. ADDRESS <u>Kirksville, Missouri</u> | | 23c. DATE SIGNED <u>2-3-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/4/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>2-3-51</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirksville, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

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3403

Date Received: FEB 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-263
Date Filed: FEB 6 1951

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 _____

Glen A. Gibbons

working under my personal supervision.

Student Embalmer No.

Signed.....

Glen A. Gibbons

Signed.....
Student Embalmer

Licensed Embalmer No. 4624

P. O. Address Kirksville, 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.