

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19215

|  |  |  |  |   |   |  |   |
|--|--|--|--|---|---|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. 360   |  | PRIMARY REG. DIST. NO. 3076   |   | Registrar's No. 98   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>   |  | c. LENGTH OF STAY (in this place) <u>18 yrs.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>                                    |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>803 N. Cedar</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>803 N. Cedar</u>   |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Otis</u><br>b. (Middle) <u>Eugene</u><br>c. (Last) <u>Scanlon</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May 21 1951</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>Feb. 7, 1896</u>                                 |   |
| 9. AGE (In years last birthday) <u>55</u>  |  | 10. MONTHS <u>3</u>  |  | 11. DAYS <u>14</u>  |   | 12. HOURS <u>14</u> MIN. <u>0</u>                                    |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>        |   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>     |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>  |
| 13a. FATHER'S NAME <u>P. A. Scanlon</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Josephine Armstrong</u>           |   | 14. NAME OF HUSBAND OR WIFE <u>Beulah Scanlon Nevada, Mo.</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>491 05 9210</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Scanlon Nevada, Mo.</u> ADDRESS <u>Nevada, Mo.</u>  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Bronchiogenic Carcinoma</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>14 HRS</u><br><u>162X</u>                    |
| 19a. DATE OF OPERATION <input checked="" type="checkbox"/>   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   |  | 20. AUTOPSY?<br>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>3-14</u> , 19 <u>20</u> , to <u>5-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-21</u> , 19 <u>51</u> , and that death occurred at <u>7:30 A.</u> m., from the causes and on the date stated above. |  |  |  |   |   |  |   |
| 23a. SIGNATURE <u>F. L. Marten</u> (Degree or title) <u>MD</u>   |  |  | 23b. ADDRESS <u>Nevada Mo</u>                                  |   | 23c. DATE SIGNED <u>5-22-51</u>                               |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>5-23-51</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> |   |
| DATE REC'D BY LOCAL REG. <u>6-1-1951</u>   |  | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u> ADDRESS <u>Nevada, Mo</u>  |   |  |   |

(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

RECEIVED JUN 5 1951

Dist. File 651-9263

Date Filed 6-5-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Nevada, 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.