S. No. 300
Rev. 10.48

MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8950

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 22

Dodd
0550
5

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville
c. LENGTH OF STAY (in this place): 4yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Methodist Home for Aged

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville 0550
d. STREET ADDRESS (If rural, give location): Missouri Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): L. T.
b. (Middle):
c. (Last): Scarbrough

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1952

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 6, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 3, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cherokee Co. Kansas 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Charley Cary
13b. MOTHER'S MAIDEN NAME: Sarah Jane Bradley
14. NAME OF HUSBAND OR WIFE: Charles W. Scarbrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Methodist Home for Aged, Marionville Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Malnutrition from birth
DUE TO (c) improper eating habits

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sudden rise in blood pressure probably due to influenza

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None operation 481 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1949, *to* Mar. 9, 1952, *that I last saw the deceased alive on* March 9, 1952, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stella L. Dodd MD.
23b. ADDRESS: Marionville Mo.
23c. DATE SIGNED: Mar. 10. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: March 12, 52
24c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: Mar. 10-1952
REGISTRAR'S SIGNATURE: Ora McNatt 157
25. FUNERAL DIRECTOR'S SIGNATURE: J. B. Sturridge
ADDRESS: Marionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Herman Hurridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.