

THE DIVISION OF HEALTH OF THE STATE OF INDIANA
STANDARD CERTIFICATE OF DEATH

17212

FILED MAY 17 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>unknown</u>	
b. CITY OR TOWN <u>Vichy, Mo.</u>		c. CITY OR TOWN <u>Folsomville, Indiana.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Route 1. 81308</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>R.</u> c. (Last) <u>Scales</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1952.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 30, 1927</u>
9. AGE (In years last birthday) <u>25</u>		10. MONTHS <u>1</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Army</u>	11. BIRTHPLACE (State or foreign country) <u>Bond, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Deceased</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>312-24-4544</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>U. S. Army Hospital, Ft. Leonard</u>		ADDRESS <u>Mo 668</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>Fractured Skull and Crushed right Chest.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>E8124 25</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, bridge, etc.) <u>Highway 03</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Vichy, Mo</u> (COUNTY) <u>Maries Co.</u> (STATE) <u>Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 2, 1952 11:20 PM</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>hit by car</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:20 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>McBinnigh</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Vienna, Mo.</u>	
23c. DATE SIGNED <u>2/3/52</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Funeral Home</u>		24b. DATE <u>5-7-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Marrison Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Folsom, Indiana</u>	
DATE REC'D BY LOCAL REG. <u>5-5-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u>		ADDRESS <u>Iberia, Mo.</u>	

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

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.....

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.