

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19860

State File No. ....

No. 300  
10-48

BIRTH NO. 120 JUL 14 1952 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3289 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINDEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINDEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINDEN</u>		d. STREET ADDRESS (If rural, give location) <u>LINDEN</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ARTHUR</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>SCRUTCHFIELD</u>	(Month) <u>JULY</u>	(Day) <u>5</u>	(Year) <u>1952</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>6 FEB. 1864</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				88	Months <u>4</u>	Day <u>29</u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BUYER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HORSE AND MULE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MACON, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM SCRUTCHFIELD</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA ALLEN</u>	14. NAME OF HUSBAND OR WIFE <u>ESTELLA SCRUTCHFIELD</u>
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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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. MEYERS LINDEN, MISSOURI</u>	ADDRESS <u></u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis and hypertension</u> DUE TO (c) <u>hypertension</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1, 1952, to July 5, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter P. Washburn M.D.</u>	23b. ADDRESS <u>Lashland, MO.</u>	23c. DATE SIGNED <u>7/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7 JULY 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 7-1952</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FLORAL HILLS MEMORIAL CHAPELS K.C.</u>	ADDRESS <u></u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1240  
1

SEP 4 1954

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

*Royal C. McLeod*

Licensed Embalmer No.

4853

P. O. Address

*K. C. 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.