

20925

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUL 11 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 42-43 Registrar's No. 1100

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neck City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neck City</u>	
c. LENGTH OF STAY (in this place) <u>52 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neck City, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>SCAFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1952</u>		
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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, 19, 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>gen. mdse.</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Scafe</u>	13b. MOTHER'S MAIDEN NAME <u>Melinda Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Teter Scafe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>486-32-9130</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. E. Scafe</u>	ADDRESS <u>Meck City, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 Hrs.</u> Yrs. _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____		
11. 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 <u>4222</u>	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 3/6, 1952, to 6/28, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Vandy, D.O.</u> (Degree or title)	23b. ADDRESS <u>Alba, Mo.</u>	23c. DATE SIGNED <u>6/30/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purcell, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-30-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	ADDRESS <u>Carthage, Mo</u>
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(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED 7-9-52
Jasper County Health Office

County File Number 52/7/928

Date Filed 7-10-52

NOV 2 1955

JUL 9 1953

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.