S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24796

State File No.

FILED JUL 29 1952

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 1-219

0480

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blue Springs
c. LENGTH OF STAY (In this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blue Springs 0480
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Rosa
b. (Middle) May
c. (Last) Scarborough

4. DATE OF DEATH (Month) (Day) (Year) July 14 1952

5. SEX FM
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 8 1895
9. AGE (In years last birthday) 57
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Mayetta Kan
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Whitwell
13b. MOTHER'S MAIDEN NAME Elane Highfill
14. NAME OF HUSBAND OR WIFE George Scarborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -
(If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT'S SIGNATURE OR NAME Gorge Scarborough
ADDRESS Blue Springs Mo

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) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 3 yrs +
DUE TO (c)

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 2520
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* 10-30, 1948, *to* July 14, 1952, *that I last saw the deceased alive on* 6-23, 1952, *and that death occurred at* 5:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Merrill R. Ray M.D. (Degree or title)
23b. ADDRESS 0 Blue Springs, Mo
23c. DATE SIGNED 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 16 52
24c. NAME OF CEMETERY OR CREMATORY Blue Springs
24d. LOCATION (City, town, or county) (State) Blue Springs Mo

DATE REC'D BY LOCAL REG. 7-16-52
REGISTRAR'S SIGNATURE Donald C. Earnshaw 378-0
25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home
ADDRESS Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side) K 3 W.

JUL 24 REC'D

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 R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. Blue Springs

P. O. Address 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.