

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24340

State File No. _____

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5410 Registrar's No. 11

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>DUNKLIN</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLCOMB</u>	a. STATE <u>MO</u>	b. COUNTY <u>DUNKLIN</u>
c. LENGTH OF STAY (In this place)	d. FULL NAME OF HOSPITAL OR INSTITUTION	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLCOMB RT #1</u>	d. STREET ADDRESS (If rural, give location) <u>5 MI NIN</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RALPH</u>	b. (Middle) <u>WAYNE</u>	c. (Last) <u>SCATES</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JULY 22 1953</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>OCT 13 1950</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>			

13a. FATHER'S NAME <u>VENCENT SCATES</u>	13b. MOTHER'S MAIDEN NAME <u>LESSIE FINN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VENCENT SCATES</u>	ADDRESS <u>HOLCOMB 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Enteritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Food Poisoning</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 <u>0492</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1953, to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 10:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>7/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 24 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HITT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SUCCESSION, ARK.</u>
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DUNKLIN COUNTY HQ
DEPARTMENT 8-10
COUNTY FILE NUMBER 853

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..... *Clifford Schumm*
Licensed Embalmer No. *636*

P. O. Address..... *Fayette Ark*

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.