

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY OR TOWN BUTLER.	c. LENGTH OF STAY (In this place) 5 DAYS.	c. CITY OR TOWN RICH HILL.	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSP.		e. STREET ADDRESS (If rural, give location) 708 E. WALNUT ST. 0070	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WELLINGTON c. (Last) SCOFIELD.			4. DATE OF DEATH (Month) (Day) (Year) JAN-17-1954		
5. SEX MALE.	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH NOV. 24, 1870	9. AGE (In years last birthday) 83. Months 1 Days 23	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE BROKER
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (City and State or Foreign Country) HARRISON COUNTY IOWA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN.	14. NAME OF HUSBAND OR WIFE CATHERINE SCOFIELD.
-----------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Hubert Scofield - Butler Missouri	ADDRESS _____
---	-------------------------------------	--	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart with renal complications		INTERVAL BETWEEN ONSET AND DEATH 32 days
	ANTECEDENT CAUSES with		
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

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) 4200
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from **Dec. 15, 1953** to **Jan. 17, 1954**, that I last saw the deceased alive on **Jan. 17, 1954**, and that death occurred at **9:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Robinson M.D. (Degree or title)	23b. ADDRESS Adrian, Mo.	23c. DATE SIGNED 1-20-54
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.	24b. DATE JAN-19-1954	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEM.	24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. Jan. 20-54	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE Kerry Booth, Funeral Home Rich Hill Mo	ADDRESS _____
--	-----------------------------	--	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 20 1902

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.....
Signature of Student Embalmer

Signed *John G. Anderson*.....
Licensed Embalmer No. *358*.....

P. O. Address *Butler*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.