S. No. 300
Rev. 10.48

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21922

State File No.

BIRTH NO. REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4843 Registrar's No. 8

1120

1. PLACE OF DEATH
a. COUNTY: Wesley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour
c. LENGTH OF STAY (in this place):
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: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour
d. STREET ADDRESS (If rural, give location): Mo 1122 D

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): SCARBROUGH

4. DATE OF DEATH (Month) (Day) (Year): 5-28, 54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-20-1871
9. AGE (Last birthday): 82 | 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RET
11. BIRTHPLACE (City and State or Foreign Country): WRIGHT CO
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James S.
13b. MOTHER'S MAIDEN NAME: Mary Jane Hall
14. NAME OF HUSBAND OR WIFE: ORRA

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.: No
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Orra Scarbrough Seymour 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) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Autopsy 177X
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* May 1, 1954, *to* May 26, 1954, *that I last saw the deceased alive on* May 26, 1954, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Schultz DDS
23b. ADDRESS: Fordland Mo.
23c. DATE SIGNED: 6/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-54
24c. NAME OF CEMETERY OR CREMATORY: OFNR
24d. LOCATION (City, town, or county) (State): Wesley Co Mo

DATE REC'D BY LOCAL REG.: 6-20-54
REGISTRAR'S SIGNATURE: Gilbert Jones 343
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Robert Bergman Seymour Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Alan G. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, Ma

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.