

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39619

State File No. ....

FILED JAN 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		e. STREET ADDRESS (If rural, give location) <b>306 E. Dakota</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Florence</b>	b. (Middle) <b>---</b>	c. (Last) <b>Scholes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 16, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 5, 1886</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bates Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Issaic Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Ella</b>	14. NAME OF HUSBAND OR WIFE <b>George Scholes</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Scholes</b>	ADDRESS <b>Butler, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>		
	DUE TO (c) <b>260XF</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of femur 8 wks</b>			

19a. DATE OF OPERATION <b>Oct 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fractured femur</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <b>Fell on street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Butler Bates Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hr) <b>Oct 22 1955 4P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell on street</b>
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22. I hereby certify that I attended the deceased from **July 1951**, to **12/16, 1955**, that I last saw the deceased alive on **12/16, 1955**, and that death occurred at **2P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dwight Donald</b>	23b. ADDRESS <b>Butler, Mo</b>	23c. DATE SIGNED <b>12/20/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-21-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Butler, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 20-55</b>	REGISTRAR'S SIGNATURE <b>Kimball Kersy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Underwood</b>	ADDRESS <b>Butler, Mo.</b>
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(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.....  
Signature of Student Embalmer

Signed *John G. Underwood* .....

Licensed Embalmer No. *358*

P. O. Address *Butler, Pa.*

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.