

FILED FEB 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5876**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3957		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL PRAIRIEVILLE		c. LENGTH OF STAY (in this place) —		c. CITY OR TOWN Lo		d. Is 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 PIKE COUNTY HIGHWAY W-W				e. STREET ADDRESS (If rural, give location) 082^o			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) ALFRED		c. (Last) SCOGGIN		4. DATE OF DEATH Month Feb (Day) 3 (Year) 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (In city) MARRIED		8. DATE OF BIRTH APRIL 24, 1927	
9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months — Days —		IF UNDER 1 MRS. Hours — Min. —		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER				10b. KIND OF BUSINESS OR INDUSTRY HIGH SCHOOL		11. BIRTHPLACE (City and State or Foreign Country) GLOVER, MISSOURI	
13a. FATHER'S NAME GEORGE B. SCOGGIN				13b. MOTHER'S MAIDEN NAME MARY ELLEN BROOKS			
14. NAME OF HUSBAND OR WIFE MUTH SCOGGIN				17. INFORMANT'S SIGNATURE OR NAME Muth Scoggin-Eolia, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-2		17. ADDRESS 500-30-5145		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Crushed chest, Trauma to heart	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Crushed chest, Trauma to heart		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) broken neck		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH —	
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 None		19b. MAJOR FINDINGS OF OPERATION —	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUTCHIE BOMBCHIE accident	
21a. ACCIDENT (Specify) SUTCHIE BOMBCHIE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 08^o Pike Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 3 1956 5:10 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased deceased on Feb 3 , 1956, and that death occurred at 5:10 P.M. , from the causes and on the date stated above.		23a. SIGNATURE J. G. Mudd	
23a. SIGNATURE J. G. Mudd		23b. ADDRESS Banling Union Mo		23c. DATE SIGNED Feb 6 56		24a. BURIAL CREMATORY (Name) Bureau	
24a. BURIAL CREMATORY (Name) Bureau		24b. DATE Feb 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery		24d. LOCATION (City, town, or county) (State) Eolia, Missouri	
DATE REC'D BY LOCAL REG. Feb 6 1956		REGISTRAR'S SIGNATURE Berniece Collier		1374 25. FUNERAL DIRECTOR'S SIGNATURE Feb. M. Callery		ADDRESS Louisiana Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1956

MAR 6

FEB 21 1956

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.....

Licensed Embalmer No.....

P. O. Address.....

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.