

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12031**

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. LENGTH OF STAY (In this place) 2 Days		c. CITY OR TOWN Blodgett		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 Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) 1000			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) A.		c. (Last) Scarborough		4. DATE OF DEATH (Month) (Day) (Year) 3 13 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-22-1873	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Paris, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John A. Scarborough			13b. MOTHER'S MAIDEN NAME Alice Tucker			14. NAME OF HUSBAND OR WIFE Fanny Lee Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499 20 8155		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. L. Scarborough, Jr., Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic C-V disease 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4221	
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 3-1, 1956 , to 3-13, 1956 , that I last saw the deceased alive on 3-13, 1956 , and that death occurred at 10:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter B. Sargent MD				23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 3-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15, 56		24c. NAME OF CEMETERY OR CREMATORY Blodgett Cemetery		24d. LOCATION (City, town, or county) (State) Blodgett, Missouri	
DATE REC'D BY LOCAL REG. 3-20-57		REGISTRAR'S SIGNATURE Max Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS THE NUNNELEE FUNERAL CHAPEL			

(Licensed Embalmer's Statement or SIGNATURE) MISSOURI

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

7-0

DATE RECEIVED

MAR 26 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 386-27

APR 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Edward E. P... ..*

Licensed Embalmer No. 41

P. O. Address *Sibert...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.

RECEIVED MAR 26 1958