

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26247

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri, Wayne</u> b. COUNTY _____	
b. CITY (If rural, give township) <u>CAPE GIRARDEAU</u> OR TOWN <u>Lowndes Jefferson</u>		c. LENGTH OF STAY (In this place) <u>1.5 life</u>	c. CITY OR TOWN <u>Lowndes Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>Cape Girardeau Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jaunita</u>	c. (Last) <u>Scowden</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Aug</u> <u>23</u> <u>56</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24 1932</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House wrkr</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gypsey Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Theibert Steward</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Stevenson</u>	14. NAME OF HUSBAND OR WIFE <u>Lee J Scowdne Lowndes Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee J. Scowden, Lowndes Mo</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute enteric polio myelitis - Bulbar type</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>8/24/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0800</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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I hereby certify that I attended the deceased from 8/20, 1956, to 8/23, 1956, that I last saw the deceased alive on 8/23, 1956, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Erin</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>8/23/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 25 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corenth</u>	24d. LOCATION (City, town, or county) (State) <u>Wayne Co Rural</u>
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DATE REC'D BY LOCAL REG. <u>8-30-56</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watson and Sons</u>	ADDRESS <u>Lowndes Mo</u>
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WRITE PLAINLY USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

44-0

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.. *Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Deeter Mo.*

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.