X Health, Welfare Public Service

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FILED NOV 7 - 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35193

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 378

**1. PLACE OF DEATH**
a. COUNTY: Stfrancois Co.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Perry Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: BonneTerre Mo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD#2 — Reside on Farm: Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First: Martha Middle: Maryland Last: Scarlett

**4. DATE OF DEATH** Month: Oct Day: 28 Year: 1956

**5. SEX:** Female **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** April 4 1937 **9. AGE** (In years last birthday): 19 — IF UNDER 1 YEAR: Months 8 Days 24 — IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife **10b. KIND OF BUSINESS OR INDUSTRY:** Self Employed **11. BIRTHPLACE** (City and state or country): StLouis Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** James Strong **14. MOTHER'S MAIDEN NAME:** Mintie Ricardson Strong

**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.:** None
**17. INFORMANT:** James Strong Address: BonneTerre Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) apparently broken neck and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple injuries.
DUE TO (c) Coroner jury Verdict: death the result of injuries received ~~in an automobile collision~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 8161 26

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☒ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.) collision between automobile and truck
**20c. TIME OF INJURY** Hour 5.15 p. m. Month, Day, Year 10/28/56
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) public Highway
**20f. CITY, TOWN, OR LOCATION** Perry Twp. **COUNTY** St. Francois **STATE** Mo.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Berl G. Miller **(Degree or title)** Coroner **22b. ADDRESS** Farmington, Mo **22c. DATE SIGNED** 10/30/56

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** Oct. 31-1956 **23c. NAME OF CEMETERY OR CREMATORY** Park View Cemetery **23d. LOCATION** (City, town, or county) Farmington (State) Mo

**24. FUNERAL DIRECTOR** Sparks Funeral Home **ADDRESS** Bonne Terre, Mo **25. DATE RECD. BY LOCAL REG.** Oct. 30, 1956 **26. REGISTRAR'S SIGNATURE** Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Everett Sparks

Licensed Embalmer No. 42

P. O. Address Bonne Lu

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.