

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5416**

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4288		Registrar's No. 334		
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow Mills		c. LENGTH OF STAY (in this place) 7 yr		c. CITY OR TOWN Moscow Mills		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION In her own home				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Belle			b. (Middle) Scruggs			c. (Last) Scruggs		
4. DATE OF DEATH (Month) (Day) (Year) February 9, 1957								
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 1-1878		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (City and State or Foreign Country) Missouri		
12. CITIZEN OF WHAT COUNTRY?								
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Joseph Scruggs		
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. none		17. INFORMANT'S SIGNATURE OR NAME Mabel Cannon ADDRESS Moscow Mills MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 2 or 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro enteritis		DUPLICATE (b) Infirmities of age						
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5711					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) MO.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 6, 1957 , to Feb 9, 1957 , that I last saw the deceased alive on Feb 6, 1957 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE H. L. Kelley (Degree or title) D.O.			23b. ADDRESS Troy MO			23c. DATE SIGNED 2-21-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12, 1957		24c. NAME OF CEMETERY OR CREMATORY Sager Cemetery		24d. LOCATION (City, town, or county) (State) O'Fallon MO.		
DATE REC'D BY LOCAL REG. March 2-1957			REGISTRAR'S SIGNATURE Emma S. Riddle			25. FUNERAL DIRECTOR'S SIGNATURE D. W. McRay ADDRESS Troy MO		

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

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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *D. W. McCoy*

Licensed Embalmer No. *3586*

P. O. Address *Tray 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.