

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14028**
Registrar's No. **20**

FILED MAY 13 1957

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339**

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS.	c. LENGTH OF STAY (In this place) 2 YRS.	c. CITY OR TOWN MONROE CITY	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 W. MARION ST.		e. STREET ADDRESS (If rural, give location) 061⁹⁰	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) RUSSELL c. (Last) SCOBEE	4. DATE OF DEATH (Month) (Day) (Year) MAY 7, 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 17, 1908	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 6 Days 20	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY ODD JOBS	11. BIRTHPLACE (City and State or Foreign Country) STOUTSVILLE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OWEN D. SCOBEE	13b. MOTHER'S MAIDEN NAME LOLA F. CARTER	14. NAME OF HUSBAND OR WIFE KATHERINE AVERY SCOBEE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WW II	16. SOCIAL SECURITY NO. 489-10-9731	17. INFORMANT'S SIGNATURE OR NAME LEONA SCOBEE	ADDRESS PARIS, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Overdose of Nembutals		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Paris 869 (COUNTY) Monroe (STATE) Mo.
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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? did not see
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22. I hereby certify that I attended the deceased from **5-7-1957**, to **5-7-1957**, that ~~I met~~ the deceased alive on **5-7-1957**, and that death occurred at **3:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Barnett, M.D.	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 5-8-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-9-1957	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 5-8-57	REGISTRAR'S SIGNATURE J. A. Barnett M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey	ADDRESS PARIS, MISSOURI
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APR 23 1957

MAY 22 1957

MAY 20 1957

VS MAY 23 1960

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 *E. W. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.