

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20253

FILED JUL 11 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5,472 Registrar's No. 428

health, Welfare public service
 300 -56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Butler</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neely Twp.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Butler</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 miles North of Neelyville</u>		Length of stay in 1b <u>6/30</u>		c. CITY OR TOWN <u>Harviell</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Scharlene Whitby</u>				4. DATE OF DEATH <u>July 4, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 29, 1955</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Butler Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>unknown</u>				14. MOTHER'S MAIDEN NAME <u>Alma Whitby</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Basel Whitby</u>		Address <u>Harviell, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatism by R.R. Train</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>802X</u>						35	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Hit by a Railroad train while playing on track</u>	
20c. TIME OF INJURY Hour <u>7:05</u> Month, Day, Year <u>July 4-57</u>						20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Rail Road rightway</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						20f. CITY, TOWN, OR LOCATION <u>Butler</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:05 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						22a. SIGNATURE (Degree or title) <u>Grover W Green Cownier Poplar Bluff Mo</u>	
22b. ADDRESS <u>Poplar Bluff Mo</u>						22c. DATE SIGNED <u>July 6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7/7/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Neelyville</u>		23d. LOCATION (City, town, or county) (State) <u>Butler, Co. Mo</u>	
24. FUNERAL DIRECTOR <u>McCord-Gish</u> ADDRESS <u>Naylor, Mo.</u>				25. DATE REC'D. BY LOCAL REG. <u>7/6/57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 8 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Sydney McCord* _____
Licensed Embalmer No. *440*

P. O. Address *Wayton*

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.