THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1957

STATE FILE NUMBER 29314

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 5-57

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 S Main — Length of stay in 1b 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Windsor — Inside Limits Yes X No ☐
d. STREET ADDRESS 406 S. Main (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Marjorie Middle Scott Last Shadburne

4. DATE OF DEATH Month Aug. Day 2 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH April 9, 1895

9. AGE (In years last birthday) 62 — UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Steelville, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME L. H. Scott

14. MOTHER'S MAIDEN NAME Josephine Milsap

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 Stanley Scott Steelville, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Massive Hemorrhage from Jugular Vein — INTERVAL BETWEEN ONSET AND DEATH N.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Reactive Depression Psychosis — 3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 977 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE X HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted knife laceration of L. Jugular vein

20c. TIME OF INJURY Hour 11 a. m. Month, Day, Year 8-2-57

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.) home

20f. CITY, TOWN, OR LOCATION 406 S. Main Windsor COUNTY Henry STATE Mo.

21. I attended the deceased from 11-12-51 to 8-2-57 and last saw her alive on 8-1-57. Death occurred at 11:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Claude M. Thurber, M.D. (Degree or title)

22b. ADDRESS Windsor, Mo.

22c. DATE SIGNED 8-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-4-1957

23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery

23d. LOCATION (City, town, or county) Windsor (State) Mo.

24. FUNERAL DIRECTOR Ellis Huston ADDRESS Windsor, Mo

25. DATE RECD. BY LOCAL REG. 8-7-57

26. REGISTRAR'S SIGNATURE Mildred Bugum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 27 1958

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 Clifford Gouge

Licensed Embalmer No 50

P. O. Address Windsor,

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.