

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015406
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place) <u>10 HRS</u>	c. CITY OR TOWN <u>ST. CHARLES</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>HICKORY DALE R.R. 092 1/2</u>	

3. NAME OF DECEASED a. (First) <u>DONALD</u> b. (Middle) <u>SEYMOUR</u> c. (Last) <u>SCARBOROUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 11, 1886</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TOOL & DIE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MFG</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LITTLE ROCK, ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM ANGE SCARBOROUGH</u>		13b. MOTHER'S MAIDEN NAME <u>ALYINA SCHYMOS</u>		14. NAME OF HUSBAND OR WIFE (DECEASED) <u>LAURA SHORE SCARBOROUGH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-28-8097</u>		17. INFORMANT'S SIGNATURE OR NAME, R.# ADDRESS <u>DAVID C. SCARBOROUGH, ST. CHARLES, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		_____	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>Yes</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 April 19, 1958, to May 3, 1958, that I last saw the deceased alive on May 3, 1958, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Don L. Pringer, M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>2107 W. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>May 2, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 5, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. RIVERS CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES Mo.</u>	

DATE REC'D BY LOCAL REG. <u>MAY 7-58</u>		REGISTRAR'S SIGNATURE <u>Marguerite Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Pringer, St. Charles, Mo.</u>	
				ADDRESS <u>PRINGER-HUGHES, INC.</u>	

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

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 *Howard O. Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.