

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044857

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 2

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Macon</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Samaritan</b>		Length of stay in 1b <b>11 Days</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSIE C. SCRUTCHFIELD</b>			4. DATE OF DEATH Month Day Year <b>Dec. 25 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 30, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Assessor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Government</b>	11. BIRTHPLACE (City and state or country) <b>Macon County Missouri</b>
13a. FATHER'S NAME <b>Wilbur F. Morse</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jane Milan</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Ward McDuffee Macon, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Urinary Bladder</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b>
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>May 1955</b> to <b>Dec 25</b> and last saw her alive on <b>Dec 25, 1958</b> . Death occurred at <b>8:22 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James E. Pumphill M.D.</b>		22b. ADDRESS <b>Macon Mo.</b>	22c. DATE SIGNED <b>12-30-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 28, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Milan Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bever, Missouri</b>
24. FUNERAL DIRECTOR <b>R. Lester Brann</b>		25. DATE RECD. BY LOCAL REG. <b>1/7/59</b>	26. REGISTRAR'S SIGNATURE <b>Paul M. Neely</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Never use red ink. No symptoms will be listed.

MAR 3 1959

Date Filed .....

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 *R. Lester Blum* .....  
Licensed Embalmer No. *447* .....  
P. O. Address *Waco, Tex.* .....

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.