

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026218

FILED VS JUL 23 1959

Registration District No. 291 Primary Registration District No. Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Length of stay in 1b 2 weeks		c. CITY OR TOWN Pasadena-Tex.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. T. Y.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3214 Federal St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Clarance Erwin Scarbrough				4. DATE OF DEATH Month Day Year July 12, 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Nov. 7-96	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 8 Days 5 Hours 5 Min.	IF UNDER 24 HR Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bus driver			10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Henry Scarbrough			13b. MOTHER'S MAIDEN NAME Sarah Westlake			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 449-03-1096		17. INFORMANT Address Ida Hunter-Unionville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) arteriosclerosis & hypertensive crisis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 4 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 July 10-59 to July 12-59 and last saw him alive on July 10-59 . Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Wm L. Husted Esq				22b. ADDRESS Unionville, Mo.		22c. DATE SIGNED 7-13-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 7-18-59	23c. NAME OF CEMETERY OR CREMATORY Unionville Cem.		23d. LOCATION (City, town, or county) (State) Unionville, Mo.				
24. FUNERAL DIRECTOR ADDRESS F.O. Husted & Son-Unionville, Mo.			25. DATE RECD. BY LOCAL REG. 7-18-59		26. REGISTRAR'S SIGNATURE Marvell Durbin			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6881 34 788

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murl E. Husted

Licensed Embalmer No. 530

P. O. Address Amosville

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.