

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010555-

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 386
 STATE FILE NUMBER

FILED MAR 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS-300 Rev. 4/59

DATE AMENDED

15 Feb 7

20440

3

4 0

5 1

6

7 0

8 2

95705

10

11

12-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. JOSEPH		Length of stay in 1b 6 DAYS	c. CITY OR TOWN MOUND CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. METH. HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARTIN MONROE SCARBROUGH			4. DATE OF DEATH Month MARCH Day 19 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) KING City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE SCARBROUGH		13b. MOTHER'S MAIDEN NAME EMMA MORGAN	
14. NAME OF HUSBAND OR WIFE EFFIE J. SCARBROUGH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address CHARLES SCARBROUGH, MOUND CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) acute renal insufficiency			24 hours
DUE TO (b) renal colic shock			36 hours
DUE TO (c) intestinal obstruction corrected by surgery			48 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 3-15-63 to 3-19-63 and last saw her alive on 3-19-63 Death occurred at 1 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. A. Forgrave M.D.		22b. ADDRESS 420 N. 8th St. Mound City, Mo.	22c. DATE SIGNED 3-22-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-22-1963	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	23d. LOCATION (City, town, or county) (State) MOUND CITY - MO.
24. FUNERAL DIRECTOR JAMES H. CRAWFORD		25. DATE RECD. BY LOCAL REG. Mar. 25, 1963	26. REGISTRAR'S SIGNATURE Miss Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1963

Permit Issued

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.