

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024959

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 207

FILED JUL 15 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0551  
2 8040  
3  
4 0  
5 1  
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7 0  
8 0  
9 94201  
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12 1-0  
13 6-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>CALIF</b> b. COUNTY <b>LOS ANGELES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>AURORA</b>		Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>DUARTE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AURORA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2412 BLOOMDALE ST.</b>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>S.</b> Last <b>SCUDDER</b>		4. DATE OF DEATH <b>JULY 6, 1963</b> Month Day Year	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/8/16</b>
9. AGE (last birthday) <b>47</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO REPAIR</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM SCUDDER</b>	
13b. MOTHER'S MAIDEN NAME <b>CORA GRAHAM</b>		14. NAME OF HUSBAND OR WIFE <b>JEAN SCUDDER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>NO</b>		16. SOCIAL SECURITY NO. <b>24</b>	17. INFORMANT <b>JEAN SCUDDER: DUARTE, CALIF.</b> Address
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>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</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)			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 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 <u>July 6 1963</u> to <u>July 6 1963</u> and last saw him alive on <u>July 6 1963</u> . Death occurred at <u>3:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Kenneth L. Kelay M.D.</b>		22b. ADDRESS <b>Aurora, Mo</b>	22c. DATE SIGNED <b>7/7/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/8/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>AURORA, MO.</b>
25. DATE RECD. BY LOCAL REG. <b>7-8-63</b>		26. REGISTRAR'S SIGNATURE <b>Helen Meyer Registrar</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 1 1962

**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 D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.