MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-005 1172
STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 6002 Registrar's No.

APPLIED 23 64

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

	DATE AMENDED
1	0876
2	0690
3	
4	0
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6	
7	0
8	2
9	X
10	
11	087
12	91-5
13	1-1

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Ralls.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saltriver Township — Length of stay in Hospital: 4 Hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Highway #19 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Monroe.
c. CITY OR TOWN: RFD Perry, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Monroe County, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JEROME Middle ELLIOTT Last SCOBEE.

4. DATE OF DEATH: Month Dec Day 15 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH: 6-3044

9. AGE (last birthday): 19 Yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and state or country): Monroe Co, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dale Scobee.

13b. MOTHER'S MAIDEN NAME: Ruth Elliott.

14. NAME OF HUSBAND OR WIFE: Single.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dale Scobee, Perry, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broken Shoulder & Crushed chest.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auto accident.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: instant.

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto ran off road and struck brodge abutment

20c. TIME OF INJURY: Hour 2:00 a.m. ☒ p.m. Month, Day, Year 12-15-64

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway # 19.

20f. CITY, TOWN, OR LOCATION: Saltriver Township. COUNTY: Ralls Co, Mo. STATE:

21. I attended the deceased from No Medical attention. and last saw her/him alive on
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clyde C. Mickey (Degree or title): Coroner.

22b. ADDRESS: Perry, Mo. Ralls County.

22c. DATE SIGNED: 12-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-18-1963

23c. NAME OF CEMETERY OR CREMATORY: StPaul Cemetery.

23d. LOCATION (City, town, or county) (State): Ralls Co, Mo.

24. FUNERAL DIRECTOR: Clyde C. Mickey ADDRESS: Perry, Mo.

25. DATE RECD. BY LOCAL REG.:

26. REGISTRAR'S SIGNATURE: Clyde C. Mickey

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Clyde L. Lemsey

Signature of Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Perry, 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.