

FILED NOV 21 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38138

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 23

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Ray</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Elmira</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Elmira</i>	
c. LENGTH OF STAY (In this place) <i>8 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>0890</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANCES</i> b. (Middle) <i>DOHSEMAN</i> c. (Last) <i>SCOBEE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 4 1950</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>March 8-1893</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Prairie Duchine, Wis.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>481-14-0017</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Harold Novak</i>	ADDRESS <i>Elmira, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i> <i>10 yrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis - Cardiac Failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Essential Hypertension</i>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4222</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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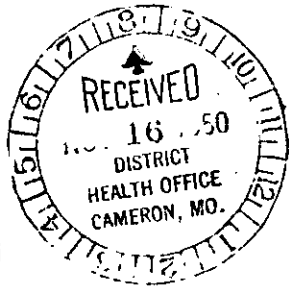
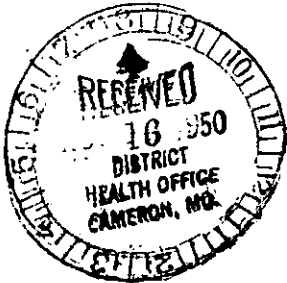
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Elmira Ray Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1948*, to *Nov 4, 1950*, that I last saw the deceased alive on *Nov. 3, 1950*, and that death occurred at *3 A.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Oetus E. Buchner M.D.</i> (Degree or title)	23b. ADDRESS <i>Lawson Mo</i>	23c. DATE SIGNED <i>Nov. 6, 1950</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov-6-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Elmira Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Elmira Mo</i>
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DATE REC'D BY LOCAL REG. <i>Nov. 6, 1950</i>	REGISTRAR'S SIGNATURE <i>Mr. Raymond Groves</i>	364	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harman-Richard</i>	ADDRESS <i>Lawson, Mo.</i>
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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 .....  
Student Embalmer

Signed Lincoln P. Jarman

Licensed Embalmer No. 4589

Evadine Springs, Mo.  
P. O. Address

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 this body is not embalmed, fact should be so stated above.