

FILED MAY 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15287

Registration District No. 374

Primary Registration District No. 4550

Registrar's No. 14

1. PLACE OF DEATH:

(a) County **Worth**  
(b) City or town **Sheridan**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **35 yrs** (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME **Edward William Scott**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Minerva Scott** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **Sept 3 1875**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **Unknown by informant** 9  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Scott**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Albert Inman**

(b) Address **Burlington Jct Missouri**

17. (a) **burial** (b) Date thereof **4/19/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheridan Missouri**

18. (a) Signature of funeral director **J.R. Hann**

(b) Address **Burlington Jct Missouri**

19. (a) **April 19, 1948** (b) **Mrs G.H. Bond**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth** 113  
(c) City or town **Sheridan**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**  
year **1948** hour **6** minute **45 P** M.

21. I hereby certify that I attended the deceased from **March 18** to **April 17**, 19**48**  
that I last saw him alive on **April 15**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac renal failure** Duration **2 wks**

Due to **systemic hypertension & hypertrophic cardiomyopathy**

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **31**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Maguire** (M.D. or other) **MD**  
Address **Wash-Me** Date signed **4/19/48**

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

Signed.....

.....  
Licensed Embalmer No. 9965

.....  
P. O. Address Burl. Jet nw

**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.**