

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1760  
Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5664		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>LEWIS</u>			
b. CITY OR TOWN <u>Williamstown</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamstown, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>		b. (Middle) _____		c. (Last) <u>SCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 8 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>DEC. 8, 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Adair Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Scott</u>			13b. MOTHER'S MAIDEN NAME <u>EVA DAVIS</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>BEN SCOTT</u>		ADDRESS <u>Williamstown, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>177</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>July 12, 1948</u> , to <u>Jan 9, 1949</u> , that I last saw the deceased alive on <u>Jan 1, 1948</u> , and that death occurred at <u>8:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. C. E. Todd</u>				23b. ADDRESS <u>Williamstown, Mo.</u>		23c. DATE SIGNED <u>1/9/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Church</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 18 - 49</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James A. Coder</u>		ADDRESS _____	

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

FEB 17 1961

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.....

*CHARLES H. ARNOLD, Sr.*

Student Embalmer No. *61*

working under my personal supervision.

Student *Charles H. Arnold, Sr.*  
Student Embalmer

Signed *James A. Coles*

Licensed Embalmer No. *2537*

P. O. Address *Livestown, 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 this body is not embalmed, fact should be so stated above.