

NO. 300
NO. 48

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2125

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
c. LENGTH OF STAY (In this place) 50 year		d. STREET ADDRESS (If rural, give location) 110 East 11th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 East 11th St.		d. STREET ADDRESS 110 East 11th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) MYRTLE	b. (Middle) MAE	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1889	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Day 27 Hours 27 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home-making	11. BIRTHPLACE (State or foreign country) Osage County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Murray	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Isom Scott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give name of military service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Woodall, Sedalia, Mo. ADDRESS Sedalia, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, cervix, uterine.		
	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. Myocardial failure		3 mos.	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from _____, 1948, to **Jan 26, 1949**, that I last saw the deceased alive on **1-25**, 1949, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS 312 1/2 S. Ohio Sedalia, Mo.	23c. DATE SIGNED 1-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/28/49	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 1/28/49	REGISTRAR'S SIGNATURE Betty Yeager Deputy	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer) Statement on Reverse Side

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-9-49

Dr. Rhodes

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

RICHARD D. CONN

Student Embalmer No. *261*

working under my personal supervision.

Signed

Richard D. Conn
Student Embalmer

Signed

Rosane Ewing

Licensed Embalmer No. *3847*

P. O. Address

Sedalia, 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.