

FILED FEB 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Vermon</u>				2. USUAL RESIDENCE (Where deceased lived. If lastation: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash Twp, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		49	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #30</u>				d. STREET ADDRESS (If rural, give location) <u>EAST PROSPERITY MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM LEONARD SCOTT</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-1-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH <u>6-20-1885</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Prosperity, Mo.</u>	
12. CITIZENSHIP WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Thurman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ethel Cross</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records, Wash</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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Atherosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Huntington's disease</u>						?	
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>1900</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>11-28-1948</u> to <u>2-1-1949</u> , that I last saw the deceased alive on <u>2-1-1949</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Hall, M.D.</u> (Degree or title)				23b. ADDRESS <u>Verona, Mo</u>		23c. DATE SIGNED <u>2-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7 FEB 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STERLING CEM</u>		24d. LOCATION (City, town, or county) (State) <u>JASPER COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 11, 1949</u>		REGISTRAR'S SIGNATURE <u>W. H. Vance</u> <u>331</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WEBB CITY UNDT. CO. Webb City, Mo</u>			

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

RECEIVED

District Health Officer No. 7,

District File Number 1-49-69

Date Filed 2-14-49

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Sanat 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.