

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11709

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #7</u>		d. STREET ADDRESS (If rural, give location) <u>1497 N Osage St</u>	

3. NAME OF DECEASED a. (First) <u>JACOB</u> b. (Middle) <u>W</u> c. (Last) <u>SCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 27 1949</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>2</u>	
8. DATE OF BIRTH <u>Mar 5 1857</u>		9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Days <u>1</u> IF UNDER 1 HR. Hours <u>22</u> Min.	
10a. USUAL OCCUPATION (Give kind of work (not during most of working life, even if retired)) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Thomas Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hame</u>		14. NAME OF HUSBAND OR WIFE <u>d/k</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>d/k</u>		16. SOCIAL SECURITY NO. <u>d/k</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thos W. Scott</u> ADDRESS <u>2318 S. Sterling</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Heart fail. Br. pneumonia</u>  ANTECEDENT CAUSES DUE TO (b) <u>chr cardio renal disease</u> DUE TO (c) <u>chronephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>chr myocarditis arteriosclerosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 4/23, 1949, to 4/27, 1949, that I last saw the deceased alive on 4/26, 1949 and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J Caldwell M D O</u> (Degree or title)		23b. ADDRESS <u>State Hos Fulton Mo</u>		23c. DATE SIGNED <u>4/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fredonia</u>	
24d. LOCATION (City, town, or county) (State) <u>Fredonia, Kansas</u>					

DATE REC'D BY LOCAL REG. <u>April 28 - 1949</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gen G. Mappin</u> ADDRESS <u>Fulton Mo</u>	
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

14  
1  
2

RECEIVED  
District Health Officer No. 91  
District File Number  
Date Filed MAY 10 1949

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 Walter J. Haine, Jr.  
Licensed Embalmer No. 4557  
P. O. Address Fulton, 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.