

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15358

| | | | | | | | | | |
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| BIRTH NO. 27601-49 | | REG. DIST. NO. 88 | | PRIMARY REG. DIST. NO. 5326 | | Registrar's No. 10 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>R - Meramec Twp</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Meramec</u> | | d. STREET ADDRESS (If rural, give location) <u>Steelville Mo</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Steven George Scott</u> | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1949</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>4/16-1949</u> | |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Crawford Co Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>American</u> | |
| 13a. FATHER'S NAME <u>Omer Scott</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Genevieve Watson</u> | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Omer Scott</u> | | | | ADDRESS <u>Steelville, 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>Pylorespasm</u> ANTECEDENT CAUSES Morbidity 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>17842</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? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 16, 1949</u> to <u>April 24, 1949</u> , that I last saw the deceased alive on <u>Apr. 24, 1949</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William H. Robey D.O.</u> | | | | 23b. ADDRESS <u>Steelville Mo</u> | | 23c. DATE SIGNED <u>4/26/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>4/25-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hobler Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Steelville Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-5-49</u> | | REGISTRAR'S SIGNATURE <u>Ch. G. G. G.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. J. Jones & Son Steelville Mo</u> | | | | | |

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED

5/7/49

District Health Officer No. 5,

District File Number 549359

Date Filed 5/27/49

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.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.