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

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20593

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5990 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Township
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lucerne, Mo. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Township
d. STREET ADDRESS (If rural, give location): Lucerne, Mo. R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) Rosetha b. (Middle) Jane c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year): June-20-1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct-13-1869

9. AGE (In years last birthday): 79 — If under 1 year: Months 8, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Household

11. BIRTHPLACE (State or foreign country): Putnam County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Oylear

13b. MOTHER'S MAIDEN NAME: Sarah Seeley

14. NAME OF HUSBAND OR WIFE: A.T. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: A.T. Scott ADDRESS: Lucerne, Mo. R.F.D.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Asthma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1945, *to* June 20, 1949, *that I last saw the deceased alive on* June 17, 1949, *and that death occurred at* 10:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L.W. McDonald (Degree or title) **23b. ADDRESS**: Monroe City, Mo. **23c. DATE SIGNED**: 6-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: June 22-1949 **24c. NAME OF CEMETERY OR CREMATORY**: West Liberty Cemetery **24d. LOCATION** (City, town, or county) (State): Putnam County, Mo.

DATE REC'D BY LOCAL REG.: 7-1-49 **REGISTRAR'S SIGNATURE**: Marvell Durbin 266

25. FUNERAL DIRECTOR'S SIGNATURE: Comstock Funeral Home By J.W. Comstock **ADDRESS**: Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 7-49-
Date Filed JUL 6 1948

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 J W Comstock

Signed _____
Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Ymonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.