

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38308**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5962 Registrar's No. 92

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

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL (MARSHALL TWP.)</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural (MARSHALL TWP.)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 mi. no. of Weston</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. no. of Weston</b>	

3. NAME OF DECEASED a. (First) <b>Samuel</b> b. (Middle) <b>(none)</b> c. (Last) <b>Scott</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28, 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 27, 1878</b>		9. AGE (In years last birthday) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
13a. FATHER'S NAME <b>A. B. Scott</b>			13b. MOTHER'S MAIDEN NAME <b>Belle Pepper</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Wright Scott</b>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Kathryn McLaughlin, Kansas City</b>	
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 (a) <b>Gunshot wound in chest</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>297 1/2 X</b>
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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MARSHALL Twp., Platte, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>83</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Kinga Ray</i>	(Degree or title)	23b. ADDRESS <b>Platte City, Missouri</b>	23c. DATE SIGNED <b>12-4-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Platte County, Mo.</b>

DATE REC'D BY LOCAL REG. <b>12-4-49</b>	REGISTRAR'S SIGNATURE <i>Opheie Rollins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rollins &amp; Mitchell</i>	ADDRESS <b>Platte City, Mo.</b>
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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 Roland M. Guffee

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.