

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5766

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon | |
| c. LENGTH OF STAY (in this place) 3 yrs. | | 0850 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Scott | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 9 1950 | | |
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|---|----------------------------------|--|---------------------------------------|--|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 11/27/1878 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 2 Days 12 | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY X | | 11. BIRTHPLACE (State or foreign country) Pulaski County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

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| 13a. FATHER'S NAME Jim Scott | 13b. MOTHER'S MAIDEN NAME Nancy Alexander | 14. NAME OF HUSBAND OR WIFE Lillie Scott |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Scott, Dixon, Missouri | ADDRESS Dixon, Missouri |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH None |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | gro |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis | | |
| DUE TO (c) | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4201 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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 <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 June, 1949, to Feb, 1950, that I last saw the deceased alive on Feb-9, 1950, and that death occurred at 1:30 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D. Hughes M.D. | 23b. ADDRESS Dixon, Mo | 23c. DATE SIGNED 12-Feb-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/1/1950 | 24c. NAME OF CEMETERY OR CREMATORY Pisgah | 24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri |
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| DATE REC'D BY LOCAL REG. 2-16-50 | REGISTRAR'S SIGNATURE Shelma C Buckthorpe | 389 25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri | ADDRESS Dixon, Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 16, 1950

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 *Maurice E. Schierbaum*

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

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.