

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9854

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 102

0800

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville, Rural 0800	
c. LENGTH OF STAY (in this place) 18 yrs		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 1			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Thornton c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 20, 1884		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 3 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Ewing M. Scott		13b. MOTHER'S MAIDEN NAME Eydia Kabler		14. NAME OF HUSBAND OR WIFE Eula Swope Scott	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eula Scott, Rt. 1, Hughesville	
(If yes, give year or dates of service) *****				ADDRESS	

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, asthensia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate ANTECEDENT CAUSES Morbid 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. none				INTERVAL BETWEEN ONSET AND DEATH 27 years 172X	
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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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from Apr 1949 to 3-11-50, that I last saw the deceased alive on Mar. 1949, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE O Oyer MD		(Degree or title)		23b. ADDRESS Sedalia Mo	
23c. DATE SIGNED 3/14/50					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/14/50		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
				24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.	

DATE REC'D BY LOCAL REG. 2/14/50		REGISTRAR'S SIGNATURE R. J. Campbell M. D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo.	
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RECEIVED

MAR 20

District Health Officer No. 8.

District File Number

Date Filed 3-23-50

MAR 27 1950

MAR 29 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. 1

working under my personal supervision.

Student Student Embalmer

Signed

F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.