

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4252 State File No. 13577
Registrar's No. 52

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 4252

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Centerview</u>		c. CITY OR TOWN <u>Centerview</u> <u>0510</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Centerview, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centerview, Missouri</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William John Henry Scott</u> b. (Middle) _____ c. (Last) _____		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 1, 1875</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Francis Scott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Scott</u> ADDRESS <u>Centerview, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteri. Regurgitation</u>		<u>4 yr</u>	
DUE TO (c) _____		4214	
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"/>			
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) _____		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>Jan 1949</u> , to <u>April 8, 1950</u> , that I last saw the deceased alive on <u>April 7, 1950</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter H. Kiley, M.D.</u> (Degree or title)		23b. ADDRESS <u>Warrensburg, Mo.</u>	
23c. DATE SIGNED <u>4-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Baranusk</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Browninger</u> ADDRESS <u>Warrensburg, Mo.</u>			

0510
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. 3377

P. O. Address. Warsaw, Ind.

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.