

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13966**

0770

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4395** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>OSARK</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>OSARK</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GAINESVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GAINESVILLE</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>VIOLA VIRGINIA SCOTT</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 1 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPTEMBER 30 1879</b>	9. AGE (In years last birthday) <b>70</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>PERRY COFFEY</b>	13b. MOTHER'S MAIDEN NAME <b>SOLLIE SANDERS</b>	14. NAME OF HUSBAND OR WIFE <b>E.A. SCOTT</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>E.A. SCOTT</b>	ADDRESS <b>GAINESVILLE, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>fullogia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>
	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. <b>281X</b>		

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)
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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?
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22. I hereby certify that I attended the deceased from **7-12-1949**, to **2-1-1950**, that I last saw the deceased alive on **2-1-1950** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>M.C. Gentry</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Rva Mo</b>	23c. DATE SIGNED <b>2-9-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-3-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gainesville Cemetery Gainesville Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>4-4-50</b>	REGISTRAR'S SIGNATURE <b>William C. Gentry</b>	465	FUNERAL DIRECTOR'S SIGNATURE <b>Roller-Barber</b>	ADDRESS <b>Mtn Home Ark</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 12 1950

District Health Office No. 6,

450-439

4-12-50

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 *John M. Davies* .....

Licensed Embalmer No. *4620* .....

P. O. Address *Mt. Home Ark* .....

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.