

No. 300
10-48

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14084

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION IIO South 7 th. St.		d. STREET ADDRESS (If rural, give location) KK IIO South 7 th St.	

3. NAME OF DECEASED a. (First) Belle b. (Middle) Zonia c. (Last) Scott			4. DATE OF DEATH April 18, 1950 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/13/1866	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months 2 Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Craig	13b. MOTHER'S MAIDEN NAME Elizabeth McDanneld	14. NAME OF HUSBAND OR WIFE -----
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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. Paul Burbridge, Louisiana, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>11 years</i>
	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.			#222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	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)
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? <i>None</i>

22. I hereby certify that I attended the deceased from 1939 to 4-18, 1950 that I last saw the deceased alive on 3-20, 1950 and that death occurred at 7:15 Am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Bernice Collier</i>	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 4/19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20/50	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. April 20, 1950	REGISTRAR'S SIGNATURE Bernice Collier 374	25. FUNERAL DIRECTOR'S SIGNATURE George O. Wagner	ADDRESS Louisiana, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0821

RECEIVED APR 27 1950
District Health Officer No. 1
District File Number 4-50-2
Date Filed APR 27 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, ~~XXX~~ By.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed

George A. Wagner

Licensed Embalmer No. 3773

P. O. Address ~~Louisiana~~ Louisiana

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.