

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17318**

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, write RURAL and give township) AURORA		c. LENGTH OF STAY (in this place) 80 yr.		c. CITY (If outside corporate limits, write RURAL and give township) AURORA		0551	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 WEST LOCUST ST.				d. STREET ADDRESS (If rural, give location) 204 WEST LOCUST LT.			
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN		b. (Middle) JANE		c. (Last) SCOTT		4. DATE OF DEATH (Month) (Day) (Year) JUNE 1, 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 24, 1886	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JAMES HARVEY GOODNIGHT		13b. MOTHER'S MAIDEN NAME MILDRED SUSAN MARTIN		14. NAME OF HUSBAND OR WIFE MR. W. H. SCOTT	
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. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. RUTH WORMAN		ADDRESS Aurora Mo.	
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) Pulmonary Embolism				INTERVAL BETWEEN ONSET AND DEATH 24 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease				years	
		DUE TO (c) Arteriosclerosis				years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4:30					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1946 to June 1, 1950 , that I last saw the deceased alive on June 1, 1950 , and that death occurred at 2:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE A. P. Coyle				23b. ADDRESS M.O. Aurora, Mo.		23c. DATE SIGNED 6-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUNE 4		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		24d. LOCATION (City, town, or county) (State) AURORA MISSOURI	
DATE REC'D BY LOCAL REG. June 4-50		REGISTRAR'S SIGNATURE Ors Mc Nott		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAM WOOD		ADDRESS AURORA MO.	

0551

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

1951 22 NMP

RECEIVED JUN 7 1950

District Health Office No. 6,

District File Number 650-659

Date Filed 6-7-50

JUL 11 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 William Wood.....

Licensed Embalmer No. 4539.....

P. O. Address Aurora, Mo......

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.