

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

25752

FILED AUG 15 1950

State File No. ....

send to [unclear] need of [unclear] - 1950  
 WRITE PLAINLY - USING INK - FADING BLACK INK - MAKE A PERMANENT RECORD - 09-80

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4476</u> Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>		
b. CITY OR TOWN <u>Dawning</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Dawning</u>		19 <u>50</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hettie</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 18, 1892</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Days <u>11</u> Hours <u>26</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Scotland, Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Louis Speer</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Casaway</u>		14. NAME OF HUSBAND OR WIFE <u>Leo R. Scott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo R. Scott, Dawning, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  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. <u>Coronaries of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>  <u>20</u>  <u>3 years</u>
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) m.	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>March 14, 1950</u> , to <u>March 19, 1950</u> , that I last saw the deceased alive on <u>March 4, 1950</u> , and that death occurred at <u>11:00 P.M.</u> ; from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>L. E. Lowe Do</u>			23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>March 24</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dawning</u>		24d. LOCATION (City, town, or county) (State) <u>Dawning, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 1-1950</u>	REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Moore Dawning, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 8 1950  
District Health Officer No. 10  
District File Number 8-14-1300  
Date Filed AUG 14 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 me

Student Embalmer No. ....

working under my personal supervision.

Signed Lloyd Moore

Signed .....  
Student Embalmer

Licensed Embalmer No. 3157

P. O. Address Dorwin 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.