

No. 300
10-48

CF: St. Louis, Mo.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29063

XC-11-88 098
BIRTH 76028

LED AUG 24 1950 317

State File No.

BIRTH REG. NO. 76028 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1876

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) OR **TOWN JEFF BRKS, MO.**

c. LENGTH OF STAY (In this place) **1102 days**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETS ADMIN. HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **MISSOURI**

b. COUNTY **MADISON**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MINE LA MOTTE**

d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED

a. (First) **EDWARD**

b. (Middle) **T.**

c. (Last) **SCOTT**

4. DATE OF DEATH (Month) (Day) (Year) **AUGUST 8, 1950**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

8. DATE OF BIRTH **12-28-96**

9. AGE (In years last birthday) **54**

IF UNDER 1 YEAR: Months _____ Days _____

IF UNDER 100 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinist**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **MINE LA MOTTE, MO.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **HENRY**

13b. MOTHER'S MAIDEN NAME **MARY ABBEY**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify (known)) (If yes, give war or dates of service) **Yes**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **V.A. Hospital Records** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CELIAC DISEASE**

INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-9-1947**, 19____, to **8-4-50**, 19____, that I am the attending physician, and that death occurred at **7:45A** m., from the causes and on the date stated above.

23a. SIGNATURE **L. E. Stilwell, M.D.** (Degree or title)

23b. ADDRESS **VAH, JEFF. BRKS, MO.**

23c. DATE SIGNED **8-4-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **8-7-50**

24c. NAME OF CEMETERY OR CREMATORY **MINE LA MOTTE**

24d. LOCATION (City, town, or county) (State) **MINE LA MOTTE, MO.**

DATE REC'D BY LOCAL REG. **AUG 4 1950**

REGISTRAR'S SIGNATURE **Robert R. Donk, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **WEBB & ADAMSON, Fredericktown, Mo.** ADDRESS _____

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

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1940

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

working under my personal supervision.

Student Embalmer No.

Signed

Lynna Sprinkle

Signed.....

Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Fredericktown, Md.

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.

Fredericktown, Md.