No. 300
10-48

910

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38153

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4451 Registrar's No. 763

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naylor
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naylor 0910
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Celia
b. (Middle): Pearl
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 18, 1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months: 7 Days: 7 — IF UNDER 24 HRS.: Hours: Min.:

10a. 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): Taney Co. Mo. 10
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Gimlen
13b. MOTHER'S MAIDEN NAME: Sarah Coulter
14. NAME OF HUSBAND OR WIFE: Pearlie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Lon Scott — ADDRESS: Naylor, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) angina pectoris — 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) none

DUE TO (c). 4202

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* mitral regurgitation

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
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* Sept, 1950, *to* Nov 25, 1950, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE H E White (Degree or title) MD
23b. ADDRESS Naylor Mo
23c. DATE SIGNED 11/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-27-50
24c. NAME OF CEMETERY OR CREMATORY: Crane Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Crane, Mo.

DATE REC'D BY LOCAL REG.: 11-26-50
REGISTRAR'S SIGNATURE: E. B. Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: Gish Funeral Home — ADDRESS: Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 12 1950

DISTRICT HEALTH OFFICE No. 6

No. No.....

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 Charles McCarty, Student Embalmer No. 387, working under my personal supervision.

Student Charles McCarty
Student Embalmer

Signed Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor 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.