No. 300
10.48

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38154

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4451 Registrar's No. 162

0910

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

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
d. STREET ADDRESS (If rural, give location):

0910

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

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

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 18, 1895
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 5, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of water works
10b. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Naylor, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John C. Scott
13b. MOTHER'S MAIDEN NAME: Mary E. Bacon
14. NAME OF HUSBAND OR WIFE: Pearl Gimlen 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.: 702-18-8365
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): myocardial

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): degeneration with
DUE TO (c): angina pectoris

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: hypertension

INTERVAL BETWEEN ONSET AND DEATH: 4202

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* July, 1950, *to* Nov 25, 1950, *that I last saw the deceased alive on* Nov 20, 1950, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H Hewlett 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: Naylor Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Naylor, Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1951

RECEIVED
DEC 12 1950
DISTRICT HEALTH OFFICE No. 6

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 Maryville 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.