S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39727

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Community Hospital

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

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 7, 1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: On the farm
11. BIRTHPLACE (State or foreign country): Craig, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jack Scott
13b. MOTHER'S MAIDEN NAME: Jane Asher
14. NAME OF ~~HUSBAND~~ OR WIFE: Cora 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.: —
17. INFORMANT'S SIGNATURE OR NAME: Charles Scott — **ADDRESS**: Craig 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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

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

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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) 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* Nov. 10, 1950, *to* Dec. 15, 1950, *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 10½ P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul W. Musgrave M.D.
23b. ADDRESS: Fairfax, Missouri.
23c. DATE SIGNED: Dec 16, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial & removal
24b. DATE: 12/18/50
24c. NAME OF CEMETERY OR CREMATORY: New Liberty
24d. LOCATION (City, town, or county) (State): Near Craig Mo.

DATE REC'D BY LOCAL REG.: Dec 16, 1950
REGISTRAR'S SIGNATURE: Marvin N. Schuler
25. FUNERAL DIRECTOR'S SIGNATURE: Wilber L. Scholer
ADDRESS: Craig, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 18 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Myself working under my personal supervision.

Student Embalmer No.....

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, MO.

Signed.....
Student Embalmer

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.