

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5505**
Registrar's No. **38**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give city or town) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (In this place) 34 yrs.		d. STREET ADDRESS (If rural, give location) 1131 North Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1131 North Main			

3. NAME OF DECEASED (Type or Print)	a. (First) DELLA	b. (Middle) JANE	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year)
				2 6 51

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/26/65	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Knox County Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Rusk	13b. MOTHER'S MAIDEN NAME Minervie Meadows	14. NAME OF HUSBAND OR WIFE David N. Scott
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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. none	17. INFORMANT'S SIGNATURE OR NAME Miss Bessie Scott, St. Joseph, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Aneurysm		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis not known DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4/20

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 25, 1951, to Feb. 6, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 12 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. A. Blasmer (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 2-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/8/51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
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DATE REC'D BY LOCAL REG. 2-10-51	REGISTRAR'S SIGNATURE Bess Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0742

0742
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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 Robert L. Sauter

Signed.....
Student Embalmer

Licensed Embalmer No. 4787

P. O. Address Marysville, 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.