

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19827**

360
1

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

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If different, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Labadie</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Labadie</u> <u>1360</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>RR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Labadie Mo. RR</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>MADISON</u> c. (Last) <u>SCOTT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>1</u> <u>1951</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-23-1879</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>10</u> DAYS <u>8</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Franklin County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Winfield Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Patina Immons</u>	
14. NAME OF HUSBAND OR WIFE <u>Mamie Scott</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u> <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Scott</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Labadie, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic hypertension</u> 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 <u>331x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/25</u> , 19 <u>50</u> , to <u>6/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/1</u> , 19 <u>51</u> , and that death occurred at <u>4</u> <u>P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Moore M.D.</u>		23b. ADDRESS <u>Franklin Mo 6/1/51</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-3-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Patrol Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Labadie Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 8-51</u>		REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	
94		F. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. F. H. G. Washington, Mo.</u>	
ADDRESS			

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 19 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4511

P. O. Address Washington, 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.