

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23542

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 512

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plato Rural, 0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long-nursing home</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route 0</u>	

3. NAME OF DECEASED a. (First) <u>Allen</u> b. (Middle) <u>Scott</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 24, 1855</u>	9. AGE (In years last birthday) <u>96</u>	10. MONTH <u>5</u> DAY <u>1</u> IF UNDER 18 HRS. <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>William Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Lucrisa Hull</u>	14. NAME OF HUSBAND OR WIFE <u>Mellie Alice Scott</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stonnie Scott Barnett, Mo.</u> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial & myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>(2)</u>
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	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) <u>4222</u>
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 3-23, 1949 to 7-25, 1951, that I last saw the deceased alive on 7-25, 1951, and that death occurred at 10: A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Navell M.D.</u> (Degree or title)	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>7-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Plato, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-30-1951</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Halman</u> ADDRESS <u>Lebanon, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

1532
a

AUG 4 1951

Received

Laclede County Health Unit

File No. 851-106

Date Filed AUG 7 1951

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

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working under my personal supervision.

Student Embalmer No.

Signed Dorsey M. Howe

Signed
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.