

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32913**

FILED OCT 15 1951

BIRTH NO. _____		REG. DIST. NO. 61	PRIMARY REG. DIST. NO. 5263	Registrar's No. 17
1. PLACE OF DEATH a. COUNTY Christian County		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Christian		
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linden		c. LENGTH OF STAY (In this place) 47 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rogersville, Mo. rt#2		d. STREET ADDRESS (If rural, give location) Rogersville, Mo. rt#2		
3. NAME OF DECEASED (Type or Print) a. (First) Ida		b. (Middle) May	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) Sept 13 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Nov. 1. 1882	9. AGE (In years last birthday) 68 yrs 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) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Ira T Fulton		13b. MOTHER'S MAIDEN NAME Sarah Roller	14. NAME OF HUSBAND OR WIFE Wayne Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Wayne Scott, Rogersville, rt#2 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, dextrocardia, severe		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr.
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)		4201
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 Sept 13, 1951 to Sept 13, 1951 , that I last saw the deceased alive on 12 Sept, 1951 , and that death occurred at 8 A.M. from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 19 Sept 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Fulton	24d. LOCATION (City, town, or county) (State) Christian Mo	
DATE REC'D BY LOCAL REG. September 26, 1951	REGISTRAR'S SIGNATURE Helen Blewins	454	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark, Mo	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 21 1937

Dist. File 1657-1227
Date Filed 10-16-37

RECORDED

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.