

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34675

State File No.

DECEASED OCT 25 1951

BIRTH NO.		REG. DIST. NO. <u>292</u> PRIMARY REG. DIST. NO. <u>6001</u> Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Saline Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Saline Township</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Huntington Mo R 20.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HUNTINGTON MO R 20.</u>		e. STREET ADDRESS (If rural, give location) <u>HUNTINGTON MO R 20.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Emma</u> c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31 1879</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Paris Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	13. FATHER'S NAME <u>George F. Emerson</u>	
13a. FATHER'S NAME <u>George F. Emerson</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Melving Moss</u>	
14. NAME OF HUSBAND OR WIFE <u>Ollie Scott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Talbot</u> ADDRESS <u>Monroe City Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</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	
20. AUTOPSY? YES ☐ NO ☒		331X	
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) (Minute)	
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 <u>no medical attention</u> , that I last saw the deceased alive on <u>10-17-51</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clayde Wilkey Coroner</u>		23b. ADDRESS <u>Monroe City Mo</u>	
23c. DATE SIGNED <u>10/16/51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>St. Jude's Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>		23f. DATE REC'D BY LOCAL REG. <u>10/16/51</u>	
23g. REGISTRAR'S SIGNATURE <u>Clayde Wilkey</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u>	
23i. ADDRESS <u>Monroe City Mo</u>		23j. ADDRESS <u>Monroe City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0870

1

Date Received: OCT 19 1961
DISTRICT HEALTH OFFICE #2
District File Number 10-51-186
Date Filed: OCT 19 1961

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 me

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.