

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40486**

FILED DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 185

I. PLACE OF DEATH
 a. COUNTY Vernon **1082**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada **4mo**
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION McCurt Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Arkansas
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayetteville **8030**
 d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED
 a. (First) Robert b. (Middle) Lee c. (Last) Scott
 (Type or Print) _____
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1951

5. SEX MO **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Nov-1-9-1864 **9. AGE** (In years, last birthday) 87 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) Retired **10b. KIND OF BUSINESS OR INDUSTRY** Railroad **11. BIRTHPLACE** (State or foreign country) Indiana **12. CITIZEN OF WHAT COUNTRY?** _____

13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Deceased

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** Mrs. S. R. Snow **ADDRESS** Quad 16

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Don't know
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. None
INTERVAL BETWEEN ONSET AND DEATH Nov 20/51

19a. DATE OF OPERATION None **19b. MAJOR FINDINGS OF OPERATION** None **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) None **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** Nevada - Vernon MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** No Injury

22. I hereby certify that I attended the deceased from Nov 20, 1951, to Nov 21, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. R. Love MD (Degree or title) **23b. ADDRESS** Nevada, Mo. **23c. DATE SIGNED** Nov 21/51

24a. BURIAL CREMATION REMOVAL (Specify) Interment **24b. DATE** 11/21/51 **24c. NAME OF CEMETERY OR CREMATORY** Paradise **24d. LOCATION** (City, town, or county) (State) Ark

DATE REC'D BY LOCAL REG. 11-21-1951 **REGISTRAR'S SIGNATURE** Anna E. Ferry **451** **25. FUNERAL DIRECTOR'S SIGNATURE** W. R. Moonahan **ADDRESS** Arcadia, Mo.

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 27 1951

Dist. File 1121-2083

Date Filed 11-22-51

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 myself

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed H.P. Moorhead

Licensed Embalmer No. 3616

P. O. Address Armadillo, Kansas

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.