. No. 300
. 10-48

FILED JAN 22 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

684

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 9

264 1

**1. PLACE OF DEATH**
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1314 E. Miller

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264 0
d. STREET ADDRESS (If rural, give location): 1314 E. Miller

**3. NAME OF DECEASED** (Type or Print)
a. (First): Verna May Scott
b. (Middle):
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 10, 1952

**5. SEX**: Female 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1

**8. DATE OF BIRTH**: Sept, 18, 1918

**9. AGE** (In years last birthday): 33 — IF UNDER 1 YEAR: Months 3, Days 22 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: Own

**11. BIRTHPLACE** (State or foreign country): Jefferson City, Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Fred Kitchen

**13b. MOTHER'S MAIDEN NAME**: Nora Patton

**14. NAME OF HUSBAND OR WIFE**: Lawrence Scott

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no

**16. SOCIAL SECURITY NO.**: nom

**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Fred Kitchen Jefferson City, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 Yr.

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.*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**: 526X

**20. AUTOPSY?** YES ☐ NO ☑

**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) m.

**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* Nov 10, 1951, *to* 1/10, 1952, *that I last saw the deceased alive on* 1/10, 1952, *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J N Flanagan (Degree or title): MD

**23b. ADDRESS**: Dallmeyer Bldg

**23c. DATE SIGNED**: 1/12/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: Jan. 13, 1952

**24c. NAME OF CEMETERY OR CREMATORY**: Riverview Cemetery

**24d. LOCATION** (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: Jan 14 1952

REGISTRAR'S SIGNATURE: R. P. Norris MD

**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Victor Buescher Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 21 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 21 1952

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 Victor Buesscher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.