

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8183

State File No.
Registrar's No. 35

FILED APR 2 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette
c. LENGTH OF STAY (In this place) 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette
d. STREET ADDRESS (If rural, give location) 500 Depot St.

3. NAME OF DECEASED
a. (First) Katherine b. (Middle) Hursher c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year)
Mar. 24, 1952

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3

8. DATE OF BIRTH June 23, 1920

9. AGE (In years last birthday) 31 IF UNDER 1 YEAR Months 9 Days 1 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 Home

11. BIRTHPLACE (State or foreign country) Howard Co. Missouri

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Walter Hursher

13b. MOTHER'S MAIDEN NAME Florence Ashcraft

14. NAME OF HUSBAND OR WIFE Curtis O. 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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Ashcraft Fayette, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head (Homicide)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT? SUICIDE? HOMICIDE? (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fayette Howard MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 26 - 1952 11:27 a.m.

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Homicide

I hereby certify that I attended the deceased from 3-24, 1952 to 3-24, 1952; that I last saw the deceased alive on 3-24, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Bloom M.D.

23b. ADDRESS Fayette Mo

23c. DATE SIGNED 3-28-52

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

24b. DATE 3/28/52

24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery

24d. LOCATION (City, town, or county) (State) Fayette, Mo

DATE REC'D BY LOCAL REG. 3-28-52 REGISTRAR'S SIGNATURE Mary K. Shell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo

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

451
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. _____

3340

P. O. Address _____

Jayette 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.