

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15765

State File No.

No. 300
10. 48

LED JUN 9 1952

REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008 Registrar's No. 189

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

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Callaway</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Saline</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fulton</i> | | c. LENGTH OF STAY (In this place) <i>4 weeks</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No 1</i> | | d. STREET ADDRESS (If rural, give location) <i>0970 /</i> | |
| 3. NAME OF DECEASED a. (First) <i>WESLEY</i> b. (Middle) c. (Last) <i>Scott</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>5 31 1952</i> |
| 5. SEX <i>M.</i> | 6. COLOR OR RACE <i>N.</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i> | 8. DATE OF BIRTH <i>3-5-1868</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>D.K.</i> | 11. BIRTHPLACE (State or foreign country) <i>Mo.</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>D.K.</i> 13b. MOTHER'S MAIDEN NAME <i>D.K.</i> 14. NAME OF HUSBAND OR WIFE <i>D.K.</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>D.K.</i> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <i>D.K.</i> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Hospital Road, Fulton Mo.</i> |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>CO2 X</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Psychosis cerebral</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>arteriosclerosis</i> <i>Cardiac decompensation (right heart failure)</i> | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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 <i>3-21-52</i> , to <i>5-31-52</i> , that I last saw the deceased alive on <i>5-30-52</i> , and that death occurred at <i>2 P.</i> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Dr. J. Miller M.D. by A. Frey M.D.</i> | | 23b. ADDRESS <i>Fulton Mo.</i> | |
| 23c. DATE SIGNED <i>5-31-52</i> | | | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <i>June 3-52</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Nelson Mo. Cemetery</i> | 24d. LOCATION (City, town, or county) (State) <i>Nelson, Mo.</i> |
| DATE REC'D BY LOCAL REG. <i>June 1-1952</i> | REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Alice Bailey</i> | ADDRESS <i>Kansas City, Kan.</i> |

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Tullon, 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.