

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20066

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry 0384	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fav's Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Mary	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year)
				May 29, 1952

5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 27, 1891	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 1	11. UNDER 14 HRS. Days 2	12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Joseph Baldock	13b. MOTHER'S MAIDEN NAME Sarah Meek	14. NAME OF HUSBAND OR WIFE Fred Scott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Lowery	ADDRESS Albany, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pernicious Anemia 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 10, 1952 to May 29, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Charles W. Williams DO (Degree or title)	23b. ADDRESS Gentry Mo	23c. DATE SIGNED June 9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/1/52	24c. NAME OF CEMETERY OR CREMATORY Grandview	24d. LOCATION (City, town, or county) (State) Albany Mo.
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DATE REC'D BY LOCAL REG. June 11-52	REGISTRAR'S SIGNATURE Mauder Williams 409	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		Albany Mo

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

0384

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur E. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.