No. 300
10-48

AUG 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. 28523

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage (Jackson Twsp.)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fair Acres

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0493
d. STREET ADDRESS (If rural, give location): 204 Bois D' Arc /

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Everman
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: May 28, 1868
9. AGE (In years last birthday): 84 — 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): Produce Business
10b. KIND OF BUSINESS OR INDUSTRY: Ret'd
11. BIRTHPLACE (City and State or Foreign Country): Canton, Ill. /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Samuel Scott
13b. MOTHER'S MAIDEN NAME: Elizabeth Everman
14. NAME OF HUSBAND OR WIFE: Mary Moody Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Claude E. Scott, Carthage, Mo.
ADDRESS

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) Chronic Valvular Heart

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
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* Aug 12, 1952, *to* Aug 20, 1952, *that I last saw the deceased alive on* 8-12-52, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. E. Baker (Degree or title) M. D.
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-23-52
24c. NAME OF CEMETERY OR CREMATORY: Avilla Cemetery
24d. LOCATION (City, town, or county) (State): Avilla, Mo.

DATE REC'D BY LOCAL REG.: 8-22-52
REGISTRAR'S SIGNATURE: 157 D. B. Clinton, Sheriff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-28-52
Jasper County Health Office
County File Number 52/1/072
Date Filed 8-28-52

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 Robert E. Muhlemann, Student Embalmer No. 462 working under my personal supervision.

Student Robert E. Muhlemann
Student Embalmer

Signed William D. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage 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.