

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28388

State File No.

REC'D AUG 18 1952

42

BIRTH-NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 309 East 4th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 East 4th			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MOORE c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) 8 12 52		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7/24/73		9. AGE (In years last birthday) 79		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Weston, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John T. Moore		13b. MOTHER'S MAIDEN NAME Minerva Risk		14. NAME OF HUSBAND OR WIFE William N. Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dwight Gates, Maryville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchial pneumonia 7 days		DUE TO (b) Cerebral hemorrhage 1 yr				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis general 12				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fractured left femur 30 months				

19a. DATE OF OPERATION Feb 9 50		19b. MAJOR FINDINGS OF OPERATION Fractured femur neck left			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 352XF		

22. I hereby certify that I attended the deceased from February 1950, to Aug. 12, 1952, that I last saw the deceased alive on Aug. 11, 1952, and that death occurred at 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 8/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/13/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Bethel	
24d. LOCATION (City, town, or county) (State) Weston, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS price Funeral Home, Maryville, Mo.			
DATE REC'D BY LOCAL REG. 8-16-52		REGISTRAR'S SIGNATURE Bess Holt		229	

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

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.....

John W. Price.

Licensed Embalmer No. *4281*

P. O. Address *Maryville, 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.