

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9480

State File No. _____

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2246 N. Campbell				d. STREET ADDRESS (If rural, give location) 2246 N. Campbell 1396			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) THOMAS		c. (Last) SCOTT		4. DATE OF DEATH (Month) (Day) (Year) April 9 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8 Nov. 1887		9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction and Carpentering		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel J. Scott		13b. MOTHER'S MAIDEN NAME Mary Evans		14. NAME OF HUSBAND OR WIFE Marie 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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Scott Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Auricular Fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decompensating Heart				INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) m.		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 <u>1-15</u> , 19 <u>49</u> , to <u>4-9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>53</u> and that death occurred at <u>12:30 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE C. E. Feller, M.D. (Degree or title)				23b. ADDRESS 609 Cherm Springfield, Mo.		23c. DATE SIGNED 4-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/12/53		24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery		24d. LOCATION (City, town, or county) (State) Greene County Mo	
DATE REC'D BY LOCAL REG. 4-11-53		REGISTRAR'S SIGNATURE Earl Williamson Reg.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. KLINGNER & CO. Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1396
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APR 23 1960

MS AUG 16 1960

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 Mal Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.