S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 25 195

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17480

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville, Mo
c. LENGTH OF STAY (In this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lohman- Rural 0260
d. STREET ADDRESS (If rural, give location): 0 South- East on Russellville Jefferson City, Rd.

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

4. DATE OF DEATH: May- 16- 1953 (Month) (Day) (Year)

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1881
9. AGE (In years last birthday): 71 — If under 1 year: Months 7, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cooper Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S

13a. FATHER'S NAME: James Scott
13b. MOTHER'S MAIDEN NAME: Catherine Wilcox
14. NAME OF HUSBAND OR WIFE: Edna Erhardt Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Earl R. Scott- Farmington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Thrombosis — Unknown
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 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16 1953, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. M. Eberhart (Degree or title): D.O.
23b. ADDRESS: Russellville
23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-19-53
24c. NAME OF CEMETERY OR CREMATORY: River View
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo

DATE REC'D BY LOCAL REG.: May 18
REGISTRAR'S SIGNATURE: Mrs. Minnie Hettenbach
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hugo H. Schulte — Russellville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 G M Stephens

Licensed Embalmer No. 2307

P. O. Address Russellville

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.