

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27835

State File No.

| | | | | | | | |
|--|-------------------------------|---|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>880</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>6 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> | | <u>0380</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R.R.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>LULA</u> (Type or Print) | | | b. (Middle) <u>Frances</u> | | c. (Last) <u>SCOTT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 5 1953</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 21, 1889</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months Days Hours Mts. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ford City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Andrew W. Gartin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Crawford</u> | | 14. NAME OF HUSBAND OR WIFE <u>James R. Scott</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James R. Scott Ford City Mo.</u> | | | |
| 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) <u>Coronary Occlusion</u> | | ANTECEDENT CAUSES | | | | | <u>1 min.</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | <u>Diabetes Mellitus</u> | | | | | <u>5 yr.</u> |
| Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Fracture left hip</u> | | | | | <u>9 weeks</u> |
| 19a. DATE OF OPERATION <u>NONE</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>E9000 21</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>King City GENTRY</u> | | (STATE) <u>Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 1953 ?</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Stumbled on Step + Fell (home)</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>7/29, 1953</u> , to <u>8-5, 1953</u> , that I last saw the deceased alive on <u>8-5, 1953</u> , and that death occurred at <u>6:30 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u> | | | | 23b. ADDRESS <u>706 Francis St Joseph, Mo.</u> | | 23c. DATE SIGNED <u>8-7-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Aug. 5 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>King City Missouri</u> | | 24d. LOCATION (City, town, or county) (State) <u>King City Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 12, 1953</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>St. Joseph Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1958

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 Charles J. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.