

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28160**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **53-78**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 213 Garrett St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 Garrett St			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Rosa	b. (Middle) Mae	c. (Last) Scott	(Month) Aug.	(Day) 22	(Year) 1953

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 17, 1874		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Dade Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Obe Steely	13b. MOTHER'S MAIDEN NAME Milinda Funk	14. NAME OF HUSBAND OR WIFE O. P. Scott
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Reba Weir; Greenfield, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 1-5, 1953, to Aug 22, 1953, that I last saw the deceased alive on Aug 22, 1953, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. C. Canada</i>	(Degree or title) M. D.	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 8-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery	24d. LOCATION (City, town, or county) (State) Greenfield, Mo.
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DATE REC'D BY LOCAL REG. 8-24-1953	REGISTRAR'S SIGNATURE <i>J. C. Canada</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. C. Canada</i>	ADDRESS Greenfield, Mo.
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478-6 (Licensed Embalmer's Statement on Reverse Side)

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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, Vt.*

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.