

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31392**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **4163** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Lawress			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawress		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jamesport		c. LENGTH OF STAY (in this place) 2 1/2	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jamesport		b. 320
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) JOSHUA b. (Middle) ALEXANDER c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1953		
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 8 - 1861		9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 92 8 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jameson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Scott		13b. MOTHER'S MAIDEN NAME Mary Ann Brown		14. NAME OF HUSBAND OR WIFE Mina Berg 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 ADDRESS Miss Ruby Scott Jamesport Mo.		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 day
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis			
		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 4201			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)	
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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?	
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22: I hereby certify that I attended the deceased from **Sept 12, 1953**, to **Sept 12, 1953**, that I last saw the deceased alive on **Sept 12, 1953**, and that death occurred at **6:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruby Scott		23b. ADDRESS Jamesport Mo.		23c. DATE SIGNED 9-15-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 9-14-53	24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) Jamesport Mo.
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DATE REC'D BY LOCAL REG. 9-17-53		REGISTRAR'S SIGNATURE Virginia Mangelheit		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.S. Roberson Jamesport Mo.	
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WRITE PLAINLY—USING UNFAADING 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 *C. L. Roberson* _____

Licensed Embalmer No. *3244* _____

P. O. Address *Jonesport 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.