

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

36905

BIRTH NO. _____ REG. DIST. NO. 351 PRIMARY REG. DIST. NO. 6041 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Thomas TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Thomas TWP</u> <u>0910</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2mi east of Naylor, MO.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sammie</u> b. (Middle) <u>Clady</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1953</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1885</u>
9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR <u>9</u> Months <u>10</u> Days	# UNDER 100 Hrs. <u>10</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Frankford, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bacon</u>	
14. NAME OF HUSBAND OR WIFE <u>Cynthia 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>489 I8 7740</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cynthia Scott Naylor, Mo.</u>		ADDRESS	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac thrombosis</u>			
ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u> DUE TO (c) <u>enlargement with fat infiltration</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>respiratory</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>410x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 23, 1953</u> , to <u>Oct 23, 1953</u> , that I last saw the deceased alive on <u>Oct 23, 1953</u> , and that death occurred at <u>8 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. C. White, M.D.</u>		23b. ADDRESS <u>Naylor, Mo.</u>	
23c. DATE SIGNED <u>10/27/1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/25/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Naylor Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Naylor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-28-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>2777</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0910

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 Bryan McCord
Licensed Embalmer No. 4079

P. O. Address May 1st Ave

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.