

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42455

State File No.

FILED DEC 21 1953

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Daviness</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviness</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jamesport</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jamesport</u>	
c. LENGTH OF STAY (in this place) <u>25 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0312</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 13 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 24 1873</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months <u>80</u> Days
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviness County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joshua B. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Kemp</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie E. 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 <u>Mrs. Nannie E. Scott</u> ADDRESS <u>Jamesport, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Cerebral Hemorrhage Nov 28-53</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Nov 25, 1953, to Dec 13, 1953, that I last saw the deceased alive on Dec 13, 1953, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.B. Bailey</u>		23b. ADDRESS <u>Jamesport Mo</u>		23c. DATE SIGNED <u>12-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jamesport, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12-18-53</u>		REGISTRAR'S SIGNATURE <u>Wesley M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Beckwith</u> ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0310

Dr. J. B. Bailey

JUN 22 1937

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 *L. O. Pichessau* _____

Licensed Embalmer No. *3302* _____

P. O. Address *Gallatin, Miss* _____

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.