No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4395

BIRTH NO. FILED MAR 10 1954 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 6-1954

1. PLACE OF DEATH a. COUNTY: Crawford	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba c. LENGTH OF STAY (in this place): 20 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location) 0280

3. NAME OF DECEASED (Type or Print)	a. (First): Augusta	b. (Middle): Henrietta	c. (Last): Scott	4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1954
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Feb. 25, 1872	9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: At home	11. BIRTHPLACE (State or foreign country): Stolp, Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME: Charles F. Schultz	13b. MOTHER'S MAIDEN NAME: Wilhemina Lenz	14. NAME OF HUSBAND OR WIFE: Jas. A. Scott		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S SIGNATURE OR NAME: Leslie A. Scott, 5219 Winona, St. Louis, Mo.	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, asthenia, 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)	Coronary Thrombosis	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardio-vascular renal Syndrome	15 yrs
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 4211	20. AUTOPSY? YES ☐ NO ☐
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30, 1951, *to* 2-1, 1954, *that I last saw the deceased alive on* 1-23, 1954, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James M. Myers M.D.	23b. ADDRESS: Rolla, Mo	23c. DATE SIGNED: 2/8/54
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Feb. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY: Kinder
24d. LOCATION (City, town, or county) (State): Cuba, Missouri		
DATE REC'D BY LOCAL REG.: 3-9-1954	REGISTRAR'S SIGNATURE: [signature] 372	25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: 1100 Elm Rolla, Missouri

(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. Bill L. Shackelford

Licensed Embalmer No. 4859

P. O. Address Ralls

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.