

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

5184

State File No.

Registrar's No. 62

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Jackson</u>			a. STATE <u>Missouri</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>			b. COUNTY <u>Jackson</u>		
c. LENGTH OF STAY (in this place) <u>28 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			d. STREET ADDRESS (If rural, give location) <u>none</u>		

3. NAME OF DECEASED (Type or Print) <u>Simon Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1954</u>		
a. (First)			b. (Middle)		
c. (Last)					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 21, 1867</u>		9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>10</u> DAYS <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lebanon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Greenbury Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Neely</u>	
14. NAME OF HUSBAND OR WIFE <u>Mollie Scott (deceased)</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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Scott, Buckner, Missouri</u>		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			II. OTHER SIGNIFICANT CONDITIONS			<u>5 minutes</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
Morbid 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		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)	
				<u>4201</u>	
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?	

22. I hereby certify that I attended the deceased from Feb. 1, 1954, to Feb. 13, 1954, that I last saw the deceased alive on Feb. 9, 1954, and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>DO</u>		23b. ADDRESS <u>Wellington, Missouri</u>		23c. DATE SIGNED <u>2-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb. 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon M. Reppert</u>		25. ADDRESS <u>Buckner, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-15-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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

No. 300
10. 48

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

Vernon M. Ruppert

Licensed Embalmer No.

3411

P. O. Address

Bickner 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.