

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23425

State File No.

 BIRTH NO. 1214 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFF.</u>	
b. CITY OR TOWN <u>DE SOTO</u>	c. LENGTH OF STAY (in this place) <u>7 DA.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO (RURAL) (VALLE)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 S. 4th ST.</u>		d. STREET ADDRESS (If rural, give location) <u>3 BLOCK E. OF CITY LIMITS 0500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>EDNA</u> c. (Last) <u>SCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 3 1900</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	11. BIRTHPLACE (State or foreign country) <u>HILLSBORO Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>EDW. HELTERBRAND</u>	13b. MOTHER'S MAIDEN NAME <u>AUGUSTA Mc DANIEL</u>	14. NAME OF HUSBAND OR WIFE <u>WM O. 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>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WM O. SCOTT PESOTO RT. #3</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		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Had coronary Jan 18, 54</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>1/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</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)	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 Jan 18, 1954, to July 24, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marie Harris</u>	23b. ADDRESS <u>146</u>	23c. DATE SIGNED <u>July 26, 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 26 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donnell B. Senter Hillsboro Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-26-54</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	

AUG 2 1954

DATE RECEIVED

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 Donald B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delato 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.