

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 24 1954

BIRTH NO. ... REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Perman</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perman</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	c. LENGTH OF STAY (In this place) <u>34 years</u>	c. CITY OR TOWN <u>Nevada</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hosp.</u>		f. STREET ADDRESS (If rural, give location) <u>607 W. Hickory</u> <sup>104<sup>th</sup></sup>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u>	b. (Middle) <u>Oliver</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 14 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-18-1899</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Queen Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mellbourne, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Francis M. Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Gatt</u>	14. NAME OF HUSBAND OR WIFE <u>Velma Scott</u>
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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>491-05-8920</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Velma Scott 607 W. Hickory Nevada</u>
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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>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		3 months
	ANTECEDENT CAUSES DUE TO (b) <u>Gastric ulcer.</u>		
DUE TO (c) <u>Perforated ulcer</u>		3 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Calculi both kidneys. Hypertensive cardiac vascular Disease</u>		2 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5410</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Hickory <sup>18</sup> to 8/14, 1954, that I last saw the deceased alive on 8/14, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Morris, M.D.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>8/14</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park - Nevada</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-21-54</u>	REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u> <sup>45</sup>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home, Nevada, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48  
2  
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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.....  
Signature of Student Embalmer

Signed *L. Anglen Ferris*.....

Licensed Embalmer No. *496*.....

P. O. Address *Nevada*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.