

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BURNS - HOUSTON  
State File No. 44365

1070

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 4520 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u>		c. LENGTH OF STAY (in this place) <u>58 yrs</u>	c. CITY OR TOWN <u>Summersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>1070</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>		b. (Middle) <u>Black</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 7-1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>FERN LEAF, Kent.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Joseph Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Alice A. Covert</u>	14. NAME OF HUSBAND OR WIFE <u>FLORA Estella 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs FLORA Scott Smsville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Vascular Accident Severe &amp; Extensive &amp; Secondary</u> DUE TO (c) <u>Complications of Coronary</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Respiratory failure</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? <u>331X</u> 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) m.	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 <u>Dec 5</u> , 19 <u>54</u> , to <u>Dec 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 5</u> , 19 <u>54</u> , and that death occurred at <u>1 P. M.</u> ; from the causes and on the date stated above.					
23a. SIGNATURE <u>J. J. Burns, M.D.</u> (Degree or title)			23b. ADDRESS <u>Houston, Mo.</u>		23c. DATE SIGNED <u>12/28/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>12-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Smsville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-10-55</u>	REGISTRAR'S SIGNATURE <u>Anna Roberts</u> <u>433-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DUNCAN'S Mt. View, Mo.</u>		

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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 *Joe R. Duncan*  
Licensed Embalmer No. *432*  
P. O. Address *Chillicothe*

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.