

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 460

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>				
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (to this place) <u>6 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU 0164</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1129 N. MIDDLE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>1129 N. MIDDLE ST. 0</u>				
3. NAME OF DECEASED (Type or Print) <u>NORA</u>		a. (First) <u>BERTHINIA</u>		c. (Last) <u>SCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 2, 1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 9 2</u>	8. DATE OF BIRTH <u>JUNE 17, 1873</u>			9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PERRY COUNTY, MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES W. 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. S.A. URUGH, FARMINGTON, 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, asthma, 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) <u>Coronary heart disease</u>				DUPLICATE OF (a) <u>Coronary heart disease</u>				2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>arteriosclerosis</u>				4-5 years
				DUE TO (c) <u>hypertension</u>				unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>rheumatoid arthritis</u>				6-10 may years
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)		4201		
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 <u>April 3, 1954</u> , to <u>Jan 2, 1955</u> , that I last saw the deceased alive on <u>Nov 11, 1954</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>George W. England D.O. 2</u>				23b. ADDRESS <u>46 N. Main Cape Girardeau</u>		23c. DATE SIGNED <u>Jan 4, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/4/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOMAN MATH. CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCIS, CO. MO.</u>		
DATE REC'D BY LOCAL REG. <u>1-10-55</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Delawson - FREDERICKTOWN, MO.</u>				

(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

*Raymond Wilson*

Licensed Embalmer No. 4884

P. O. Address Fredesmitte

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.