

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

970

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5486</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsville</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>		c. CITY OR TOWN <u>Martinsville</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>at home</u>				e. STREET ADDRESS (If rural, give location) <u>0410</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle)		c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-1955</u>		
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>10-31-1883</u>		9. AGE (in years last birthday) <u>71</u> IF UNDER 1 YEAR: Month <u>2</u> Days <u>4</u> IF UNDER 602: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo?</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Scott</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Hendry</u>			14. NAME OF HUSBAND OR WIFE <u>Alpha Scott, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Ross Albany Mo</u>				ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>afflicted with heart disease over</u> DUE TO (c) <u>a period of ten years.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>	
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) <u>Heart Failure</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Martinsville Harrison Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-4-55 11:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Died while resting on couch in home</u>					
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>11 A.M.</u> , 19 <u>55</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph I. Marshall D.C. Harrison County Coroner</u>				23b. ADDRESS _____			23c. DATE SIGNED <u>1/8/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>General</u>		24b. DATE <u>1-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell</u>		24d. LOCATION (City, town, or county) (State) <u>Martinsville Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-8-55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.H. Bass Bethany Mo</u>				

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:.....
Signature of Student Embalmer

Signed..... *W.B. Jones*

Licensed Embalmer No. *389*

P. O. Address *Bethany, 7*

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.