

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 26 1955

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5244 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Chariton 3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton 02/10</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cockrell Twnsp</u>		c. CITY OR TOWN <u>Cockrell twmsp</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>Approx 1/2 Mi. South of Bynumville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hwy 129, 3 mi. N of Prairie Hill Junction</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virilia</u> b. (Middle) <u>--</u> c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Aug. 27, 1892</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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 <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo. 0</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Eastin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary O'Brian</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas James 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>XX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Hurt Salisbury, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head Injury</u> DUE TO (c) <u>Automobile Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8164 26</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>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 1729</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chariton MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 17 1955 1300</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision Two Automobiles 021</u>	
22. I hereby certify that I attended the deceased from <u>3</u> , 19 <u>55</u> to <u>3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/30/54</u> , 19 <u>54</u> , and that death occurred at <u>1030 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. H. Hawkins 55</u>		23b. ADDRESS <u>Chas B. Winhelmer, Salisbury, Mo.</u>	23c. DATE SIGNED <u>4-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 20 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Prairie Hill, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-19-55</u>	REGISTRAR'S SIGNATURE <u>H. H. Hawkins 55</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B. Winhelmer, Salisbury, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Chas B Winkehn*

Licensed Embalmer No. 38

P. O. Address *Salisbury*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1)
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.