

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12951

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY OR TOWN <u>Chariton</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY OR TOWN <u>Cockrell Township</u> <u>rural</u>	
c. LENGTH OF STAY (in this place) <u>31 hrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Aprox 4 mi. So. of Bynumville</u>	

3. NAME OF DECEASED a. (First) <u>Joe</u> b. (Middle) <u>"D."</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>May 23, 1918</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>saw mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton county</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Thomas James Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Virilia Eastin</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>		SOCIAL SECURITY NO. <u>8</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Scott</u>		ADDRESS <u>Salisbury, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic injuries due to accident in automobile</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E8164</u> <u>26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 199</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cockrell Twp. Chariton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) <u>april, 17, 55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on collision</u>
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22. I hereby certify that I attended the deceased from 4, 17, 55, 19 to 4, 18, 55, 19, that I last saw the deceased alive on 4, 18, 55, 19, and that death occurred at 1:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Noel Rains</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Clifton Hill, Missouri</u>	23c. DATE SIGNED <u>4-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Prairie Hill Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-20-55</u>	REGISTRAR'S SIGNATURE <u>Sealhouse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winkelmayer</u>	ADDRESS <u>Salisbury Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

883

JUN 17 1955
JUN 27 1955

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..... *Chas B Winkelman*

Licensed Embalmer No. *584*

P. O. Address *Salisbury*

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.