

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15034**

250

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY OR TOWN <u>RURAL-MERAMEC TWP. 10 YES.</u> c. LENGTH OF STAY (in this place) <u>10 YES.</u>		c. CITY OR TOWN <u>RURAL-MERAMEC TWP. 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMILES E. OF STEELVILLE, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>SMILES E. OF STEELVILLE, MO.</u>	
3. NAME OF DECEASED a. (First) <u>RAYMOND</u> b. (Middle) <u>-</u> c. (Last) <u>SCOTT</u>			4. DATE OF DEATH <u>MAY 3-1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-3-1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISABLED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (in years) <u>54</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>CHARLESTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>BERNICE SCOTT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI & WWII</u>		16. SOCIAL SECURITY NO. <u>493-03-5931</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BERNICE SCOTT-STEELVILLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic aortic stenosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>1/211</u>	
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) _____	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>March 1, 1951</u> , to <u>Apr 21, 1955</u> , that I last saw the deceased alive on <u>Apr 21, 1955</u> , and that death occurred at <u>11:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>5/3/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JEFFERSON BARRACKS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>5/17/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>STEELVILLE, MO.</u>	

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

MAY 18 1955

MAY 24 1955

83 1015

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 David Van Tassan

Licensed Embalmer No. 4542

P. O. Address 632 1/2 So Grand

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