

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15067**

BIRTH NO. _____		REG. DIST. NO. <b>160</b>	PRIMARY REG. DIST. NO. <b>3018</b>	Registrar's No. <b>45</b>
1. PLACE OF DEATH a. COUNTY <b>DENT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DENT</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SALEM</b>		c. LENGTH OF STAY (In this place) <b>79 YRS</b>	c. CITY OR TOWN <b>SALEM</b>	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: <b>E. 3RD STREET</b>		e. STREET ADDRESS (If rural, give location) <b>E. 3RD STREET 03315</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAURICE</b>		b. (Middle) <b>EUGENE</b>	c. (Last) <b>SCOTT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 21 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 16, 1975</b>	9. AGE (In years last birthday) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CUSTODIAN (RET.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BLDG. MAINTENANCE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SALEM, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>TOM J. SCOTT</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DENT CO. WELFARE OFFICE SALEM, MO</b>	
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 <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured aortic aneurysm</b>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>f52x</b>				
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)		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>MAY 21, 1955</b> , and that death occurred at <b>8 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Marshall C. Blackwell, Coroner</b>		23b. ADDRESS <b>Salem, Mo.</b>		23c. DATE SIGNED <b>5/24/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 25, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CEDAR GROVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SALEM, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-24-55</b>	REGISTRAR'S SIGNATURE <b>R. G. Dutcher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. O. Blackwell</b>	ADDRESS <b>Welfare Salem, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Max L. Waibel*

Licensed Embalmer No. *4170*

P. O. Address *Aalen,*

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.