

No. 300
10.48

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18395

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY OR TOWN <u>TRENTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>21 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>403 WEST 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 WEST 13th</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ralph</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 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>MARRIED</u>	8. DATE OF BIRTH <u>July 22 1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Field REPRESENTATIVE</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>TRENTON NAT'L BANK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lamoni Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HERBERT G. Scott</u>	13b. MOTHER'S MAIDEN NAME <u>GRACE BALDWIN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. VELVA Scott</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>	16. SOCIAL SECURITY NO. <u>495-07-1888</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VELVA Scott</u>	ADDRESS <u>TRENTON Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Not definite by known - presumed to be an acute cardiac condition or attack</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) disease, returned as usual and was found dead in bed next morning.</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 23, 1955, to April 23, 1955, that I last saw the deceased alive on April 22, 1955, and that death occurred at 12 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Mullers</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>April 25 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 28</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEON IOWA</u>
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DATE REC'D BY LOCAL REG. <u>4-28-55</u>	REGISTRAR'S SIGNATURE <u>Gene Jaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hanni - Blackmore</u>	ADDRESS <u>Trenton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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. 51,
working under my personal supervision..

Student Claude H. Crandall Jr.
Signature of Student Embalmer

Signed Jordan Blackman

Licensed Embalmer No. 46

P. O. Address Trenton, N.J.

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