

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21238**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **689**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan 8117					
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) 6 years		c. CITY OR TOWN St. Joseph		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 216 W. Colorado Ave.				e. STREET ADDRESS (If rural, give location) 216 W. Colorado Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Alfred			b. (Middle) G		c. (Last) Scott		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1955		
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28, 1898		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Vacuum Cleaners			11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Scott			13b. MOTHER'S MAIDEN NAME Mary Cline			14. NAME OF HUSBAND OR WIFE Helen Scott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes; W.W. I			16. SOCIAL SECURITY NO. 345-10-1912		17. INFORMANT'S SIGNATURE OR NAME Helen Scott, 216 W. Colorado Ave. St. Joseph, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY EMBOLISM INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY SCLEROSIS SEVERAL YEARS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BOTHERED BY EXCESSIVE HEAT OF THE PAST WEEK					
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) (Min.)		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>JULY 5, 1955</u> , to <u>JULY 7, 1955</u> , that I last saw the deceased alive on <u>JULY 5, 1955</u> , and that death occurred at <u>6:30a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>E. Brown</i> (Degree or title) <i>MD</i>				23b. ADDRESS 5105 KING HILL AVE. ST. JOSEPH, 48, MO		23c. DATE SIGNED 7-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. July 13, 1955		REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i> 485		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clark Funeral Home</i> ADDRESS St. Joseph, Mo.					

(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. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Emil A. Clark*

Licensed Embalmer No. *420*

P. O. Address *St. George*

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.