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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4342

State File No. 34127

FILED OCT 27 1955

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

BIRTH NO.		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 5808		Registrar's No. 22		
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Jonestown</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		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>Marys Nurseing Home</b>				STREET ADDRESS (If rural, give location) <b>Rural 0200</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Scott</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 15 1955</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 20 1875</b>		
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General duties</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keokuk Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Gold</b>			13b. MOTHER'S MAIDEN NAME <b>Melissa Ann Hayden</b>		14. NAME OF HUSBAND OR WIFE <b>Chas Scott (Deceased)</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>Earl Friener St Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral apoplexy to take</b> DUE TO (c) <b>334X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH <b>72</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>Jan 1954</b> to <b>Sept 15, 1955</b> , that I last saw the deceased <b>live on 2:30 PM, 1955</b> , and that death occurred at <b>5:30 PM</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or Title) <b>[Signature]</b>				23b. ADDRESS <b>[Signature]</b>		23c. DATE SIGNED <b>10/16/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct-18-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct 20-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Bellevue Mo</b>				

ACT 28 15.6

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clarence A. Jones.....

Licensed Embalmer No 291.....

P. O. Address Bellflower.....

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.