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FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36161

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN: Fulton
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
d. STREET ADDRESS (If rural, give location) 820 Westminster Ave.

3. NAME OF DECEASED
(Type or Print) a. (First) Hobon b. (Middle) Monroe c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year) December 6 1955

5. SEX Male
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 1906

9. AGE (In years last birthday) 49
IF UNDER 1 YEAR Months Days
IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Ac.

11. BIRTHPLACE (State or foreign country) Callaway County

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Auther Scott

13b. MOTHER'S MAIDEN NAME Hffie Bell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 197 10 8607

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Auther Scott, Fulton

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, ashtenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Nephrosclerosis
ANTECEDENT CAUSES
Morbid 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. Uremia; congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
2 months
4 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1955, to Dec. 6, 1955, that I last saw the deceased alive on Dec. 6, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Tom Brewer MD

23b. ADDRESS 607 Court. Fulton, Mo.

23c. DATE SIGNED 12-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 8, 55

24c. NAME OF CEMETERY OR CREMATORY Oak Leavel Cemetery

24d. LOCATION (City, town, or county) (State) Yucatan, Callaway, Mo.

DATE REC'D BY LOCAL REG. Dec 8-1955

REGISTRAR'S SIGNATURE Martha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry T. Bell, Fulton, 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
Student Embalmer

Signed Larry T. Bell

Licensed Embalmer No. 4867

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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