

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36682

4214 State File No.

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 323	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Deepwater
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. In residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Thomas c. (Last) Scott		4. DATE OF DEATH (Month) (Day) (Year) December 4 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16 1877	9. AGE (In years last birthday) 78 7/18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U, S, A,
13a. FATHER'S NAME George Scott		13b. MOTHER'S MAIDEN NAME Elizabeth Kidwell	14. NAME OF HUSBAND OR WIFE Mrs Lisetta Scott	
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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Lisetta Scott	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Bypass DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		INTERVAL BETWEEN ONSET AND DEATH 10 da 3 yr
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 6-1, 1958, to 12-4, 1958, that I last saw the deceased alive on 11-25, 1958, and that death occurred at 12:15 AM, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. Walker M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 12-5-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12, 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery	24d. LOCATION (City, town, or county) (State) Deepwater Mo	
DATE REC'D BY LOCAL REG. 12-5-58	REGISTRAR'S SIGNATURE Mildred Bigum	521	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jam Hunt Deepwater 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 *J. am. J. Smith*.....

Licensed Embalmer No. *278*

P. O. Address *Dequata*

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.