

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41180

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>15 days</u>		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 <u>Wallau Hospital</u>		STREET ADDRESS (If rural, give location) <u>611 E. St. Louis St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwell</u> b. (Middle) <u>Brown</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 17, 1898</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	IF UNDER 12 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter at Barber shops</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>William G. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Copenhagen</u>		14. NAME OF HUSBAND OR WIFE <u>Lula 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lula Scott</u> ADDRESS <u>Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular Renal Disease</u>				2 years	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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) m.		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 10/29, 1953, to 12/16, 1955, that I last saw the deceased alive on 12/16, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest E. Fisher</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Lebanon, Mo</u>		23c. DATE SIGNED <u>12/20/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-20-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u> ADDRESS <u>Lebanon Mo.</u>	
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(Licensed Emballer's Statement on Reverse Side)

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

Received 12-24-55  
Laclede County Health Unit  
File No. 203  
Date Filed 12-24-55

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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 Harvey M. Howe

Licensed Embalmer No. 422  
P. O. Address Lebanon

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.