No. 300
10.48

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

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38822

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural)
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.2, Box 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 306

0670

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) A. c. (Last) Scott
4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1956
5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1924
9. AGE (In years last birthday): 32 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and State or Foreign Country): Charleston, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Ellis L. Rush
13b. MOTHER'S MAIDEN NAME: Louise Gilmore
14. NAME OF HUSBAND OR WIFE: Clarence Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clarence Scott — ADDRESS: Rt.2, Box306, Charleston, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocardial degen. & glomerulo nephritis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592 X
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* 6/24, 19 55, *to* 11/23, 1956, *that I last saw the deceased alive on* 11-23, 19 56, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. P. Fenton (Degree or title) D.O.
23b. ADDRESS: Wyatt Mo.
23c. DATE SIGNED: 11/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 1956
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: 12-6-56
REGISTRAR'S SIGNATURE: Dorothy B. Hathorn
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. F. J. Sparks — ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
Miss. Co. Health D
County File No.
Date Filed 12-10

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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie Mo

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