THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41005

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 98 Primary Registration District No. 5359 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grand River Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2 Mi. S.E. Jameson Length of stay in 1b 41 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Grand River Twp. 0310 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2 Mi. S.E. Jameson Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Frank Middle Leighton Last Scott

4. DATE OF DEATH Month Dec. Day 27 Year 1956

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Feb. 27, 1867

9. AGE (In years last birthday) 89 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm Owner

11. BIRTHPLACE (City and state or country) Adams Co., Ohio 1

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Gard Scott

14. MOTHER'S MAIDEN NAME Polly Jane Calvin

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. Unknown

17. INFORMANT Address Miss Maude Scott, Jameson, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure & Circulatory Collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Senility

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 24, to Dec. 27 and last saw her/him alive on Dec 24
Death occurred at 3:30 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Floyd E. Nelson M.D.

22b. ADDRESS Gallatin, Mo.

22c. DATE SIGNED 12-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-28-1956

23c. NAME OF CEMETERY OR CREMATORY Gribble Cemetery

23d. LOCATION (City, town, or county) (State) Darlington, Missouri

24. FUNERAL DIRECTOR L. O. Richesson ADDRESS Hope Funeral Home, Gallatin, Mo.

25. DATE RECD. BY LOCAL REG. 12-31-56

26. REGISTRAR'S SIGNATURE Virginia M. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

diseases in Part I must be casually related.

31-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. O. Nickerson

Licensed Embalmer No. 3

P. O. Address Gallatin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.