

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1150**

FILED FEB 11 1957

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 3024

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Missouri		c. LENGTH OF STAY (In this place) 18 hrs	c. CITY OR TOWN Fayette
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		e. STREET ADDRESS (If rural, give location) 303 N. Linn Street	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) RANSELL	
c. (Last) SCOTT		4. DATE OF DEATH (Month) (Day) (Year) JAN. 16, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1875
9. AGE (In years) (last birthday) 81		10. MONTHS 4	11. HOURS 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry & Dry Cleaning		10b. KIND OF BUSINESS OR INDUSTRY Own Business	
11. BIRTHPLACE (City and State or Foreign Country) Saline County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lewis Cass Scott		13b. MOTHER'S MAIDEN NAME Eliza Ellen Hedrick	
14. NAME OF HUSBAND OR WIFE Frances Elizabeth White		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs J. R. Scott, Fayette, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) None 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	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		331X	
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) Fayette (COUNTY) Howard (STATE) MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 1-15, 1957 , to 1-16, 1957 , that I last saw the deceased alive on 1-14, 1957 , and that death occurred at 4:40 m. , from the causes and on the date stated above.			
23a. SIGNATURE Waldloom M.S.		23b. ADDRESS Fayette MO	
23c. DATE SIGNED 1-28-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1/18/1957		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
24d. LOCATION (City, town, or county) (State) Marshall Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Law	
DATE REC'D BY LOCAL REG. 1-28-57		ADDRESS Fayette, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

360

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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Fayette, La.*

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.