

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3464**

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **6209** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY DeWitt	
b. CITY OR TOWN Rural Piney	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural Spring Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION First Rest Home Houston MO		d. STREET ADDRESS (If rural, give location) 10 mi E of Licking MO 0230	

3. NAME OF DECEASED (Type or Print) SUSAN Henrietta Scott	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 11, 1957
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boody Ill	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Louis N. Austin	13b. MOTHER'S MAIDEN NAME Emma Schminck	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME W. H. Fudge	ADDRESS Licking MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident (Senes)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arterio-sclerotic heart disease grade IV		
	DUE TO (c) H200		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of old age		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Mar 15, 1953**, to **Jan 11, 1957**, that I last saw the deceased alive on **Jan 1, 1957**, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Fudge	(Degree or title)	23b. ADDRESS Houston, MO	23c. DATE SIGNED 1/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-57	24c. NAME OF CEMETERY OR CREMATORY Lion Cemetery	24d. LOCATION (City, town, or county) (State) DeWitt Co MO
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DATE REC'D BY LOCAL REG. 1-18-57	REGISTRAR'S SIGNATURE Martin Craig	25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson	ADDRESS Licking MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 29 1951

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.

Signed Hubert A. Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Pickering, N.C.

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..