FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4447

Registration District No. 132 Primary Registration District No. 5480 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plainview Rest Home — Length of stay in 1b 9 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton 0400 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. # 5 (2 mi. West of Trenton) — Reside on Farm Yes ☐ No ☒

4

3. NAME OF DECEASED (Type or print): First CHARLES Middle ABSALOM Last SCOTT

4. DATE OF DEATH Month Jan. Day 12 Year 1957

5. SEX male
6. COLOR OR RACE white 0
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Sept. 2, 1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months 10, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Floyd Co., Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Reasor Scott
14. MOTHER'S MAIDEN NAME Jane

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. none
17. INFORMANT Address Mrs. Marjorie Hertzog, Lebonan, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteri-sclerosis — Few yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
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 June 1 to Jan. 12-1957 and last saw her/him alive on Jan 7-1957
Death occurred at 1:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C H Callers M.D.
22b. ADDRESS Trenton, Mo.
22c. DATE SIGNED 1-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Jan. 15, 1957
23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery
23d. LOCATION (City, town, or county) (State) Trenton, Grundy, Mo.

24. FUNERAL DIRECTOR Donald H. Slater ADDRESS Trenton, Missouri
25. DATE RECD. BY LOCAL REG. 1-15-57
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

NOV 13 1962

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald H. Slater

Licensed Embalmer No. 446

P. O. Address Trenton, Mo

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.