FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31608
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3021 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Old Nursing Home — Length of stay in 1b: 3 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 1/2 Mi. N,E. Columbia — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Russell Middle: Henry Last: Stott
4. DATE OF DEATH: Month Aug. Day 16 Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 13, 1896
9. AGE (In years last birthday): 61 — 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
11. BIRTHPLACE (City and state or country): Boone County Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: A. J. Stott
14. MOTHER'S MAIDEN NAME: Sara E. Level
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 487-18-6923
17. INFORMANT: Elizabeth Stott Address: Columbia, 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 c̄ acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): pulmonary edema + cardiac failure
DUE TO (c): 331X
INTERVAL BETWEEN ONSET AND DEATH: 1955
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 X
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 1955 to Aug 16-57 and last saw ~~her~~ him alive on Aug 15-57
Death occurred at A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: Fayette - Mo.
22c. DATE SIGNED: 8-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-1957
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Columbia, Missouri
24. FUNERAL DIRECTOR: Lyman Sprinkle, Columbia, Mo. ADDRESS: Memorial Funeral Home
25. DATE RECD. BY LOCAL REG.: 8-16-57
26. REGISTRAR'S SIGNATURE: Mary K. Shell

(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 listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

SEP 17 1957

VS FEB 11 1960

MAR 13 1958

SEP 18 1957

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, ~~[illegible]~~ ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lyman W. Sprinkle

Licensed Embalmer No. 40

P. O. Address Columbia

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.