

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45215**BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY OR TOWN Maryville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 days		e. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) N. c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) 12 24 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/5/74	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and State or Foreign Country) Weston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME A. B. Scott		13b. MOTHER'S MAIDEN NAME Belle Sebus		14. NAME OF HUSBAND OR WIFE Mary J. Moore Scott, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dwight Gates, Maryville, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis		5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Disease DUE TO (c) Generalized Arteriosclerosis		10 yrs 10 yrs 4
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 4211
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **19**, 19**57**, to **Dec. 24**, 19**57**, that I last saw the deceased alive on **12/23**, 19**57**, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 12/24/57
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12/24/57	24c. NAME OF CEMETERY OR CREMATORY Graceland	24d. LOCATION (City, town, or county) (State) Weston, Missouri	
DATE REC'D BY LOCAL REG. 1-4 57	REGISTRAR'S SIGNATURE Bess	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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..

Student.....
Signature of Student Embalmer

Signed *Curtis C. Kinsley*

Licensed Embalmer No. *4939*

P. O. Address *Manassas*

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.