

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46916
STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>BLOOMSBARK MO STAR ROUTE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STAR ROUTE</u>			Length of stay in 1b <u>LIFE</u>	d. STREET ADDRESS <u>BLOOMSBARK MO S.R.</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>DELAINE</u> Last <u>SCOTT</u>				4. DATE OF DEATH Month <u>DEC</u> Day <u>30</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 3 1934</u>		9. AGE (In years last birthday) <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MISSISSIPPI FUEL CO</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMPRESSOR OPERATOR</u>		11. BIRTHPLACE (City and state or country) <u>CRAWFORD CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>OTIS SCOTT</u>				14. MOTHER'S MAIDEN NAME <u>IDA CHANDLER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES US NAVY</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>SKR Della Scott Bloomdale Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>20 GAUGE SHOT-GUN WOUND OF LOWER JAW AND FACE ENTERING BRAIN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9190</u>							INTERVAL BETWEEN ONSET AND DEATH <u>19</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>SETTING GUN STOCK ON FLOOR JAR CAUSED GUN TO FIRE</u>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION <u>STE GENEVIEVE CO, MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Doc. Basler coroner</u>				22b. ADDRESS <u>St. Genevieve Mo</u>		22c. DATE SIGNED <u>1/2/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>JAN 2 1958</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Doc. Basler St. Genevieve Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 4, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Walter Basler</u>	

JAN 13 1958

MAR 31 1958

FEB 19 1958

FEB 3 1958

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 *John J. Haines*
Licensed Embalmer No. 410

P. O. Address *St Louis*

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.