

pt. Health,
nc., & Welfare
S. Public
alth Service

V. S. 300
Rev. 1-57

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

47125

STATE FILE NUMBER

Registration District No. 978 Primary Registration District No. 4552 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove		c. CITY OR TOWN Mountain Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 808 Darrell Street		d. STREET ADDRESS (If outside, give location) 808 Darrell Street	
3. NAME OF DECEASED (Type or print) First Middle Last William Gilbert Scott		4. DATE OF DEATH Month Day Year December 8, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Lumberman (retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and state or country) Parsons, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Scott		13b. MOTHER'S MAIDEN NAME Margaret Shellday	
14. NAME OF HUSBAND OR WIFE Mrs Mae Scott		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Mae Scott Mountain Grove, Missouri	
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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 Dec. 8, 1957 and last saw him alive on Dec. 7-1957 Death occurred at 7:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Barber (Degree or title)		22b. ADDRESS Mtn. Grove Mo.	
22c. DATE SIGNED 12-10-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/1957	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home-Mtn. Grove, Mo		25. DATE RECD. BY LOCAL REG. 12-29-57	26. REGISTRAR'S SIGNATURE A. B. Ames

12-30-57
 HEALTH DEPT.
 County File Number 158-2
 Date Filed 1-6-58

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 *George E. [Signature]*

Licensed Embalmer No. 3161
 P. O. Address *Mt. Airy, N.C., 27030*

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.