

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019221
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia 8804	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 North Grand		d. STREET ADDRESS (If outside, give location) 701 North Grand	
Length of stay in lb 50yrs.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ETTA Middle SCOTT Last SCOTT			4. DATE OF DEATH Month May Day 28 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Pettis County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J.C. Beaman	13b. MOTHER'S MAIDEN NAME Janie Wrbb	14. NAME OF HUSBAND OR WIFE Thomas H. Scott
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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. none	17. INFORMANT Mrs. Zola Bradbury, Sedalia, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) accidental drowning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 9290	
	DUE TO (c) 22	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) accidently slipped and fell into tooth tub
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20c. TIME OF INJURY Hour 10:00 a.m. Month, Day, Year 5-28-58	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Pettis STATE Mo.
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21. I viewed the deceased from as corpse and last saw her alive on _____ Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE C. Gordon Steup (Degree or title) MD	22b. ADDRESS Corner Pettis Co	22c. DATE SIGNED 5-31-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/31/58	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) (State) Beaman, Missouri
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24. FUNERAL DIRECTOR D. W. Heckart, Sedalia	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-31-1958	26. REGISTRAR'S SIGNATURE Frances Shelby
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All diseases in Part I must be causally related.

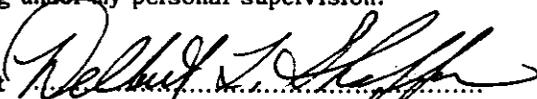
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

41 0

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. 9-775 working under my personal supervision.

Student 
Signature of Student Embalmer

Signed 

Licensed Embalmer No.3470.....

P. O. AddressSedalia, Mo......

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.