

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022889
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 290 Primary Registration District No. 4431 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dixon		c. CITY OR TOWN Dixon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last Raymond Clifford Scott			4. DATE OF DEATH Month Day Year 6 24 1958		
5. SEX Male <input checked="" type="radio"/>	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 5/7/1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber--Retired	10b. KIND OF BUSINESS OR INDUSTRY Barbarring	11. BIRTHPLACE (City and state or country) Hancock, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Scott	13b. MOTHER'S MAIDEN NAME Sally Atwell	14. NAME OF HUSBAND OR WIFE Edith 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) Yes W. W. I	16. SOCIAL SECURITY NO. 491-24-2590	17. INFORMANT Mrs. R. C. Scott, Dixon, Missouri
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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) Acute congestive heart failure.		INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic congestive heart failure.	2 years
	DUE TO (c) 4341	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Incomplete recovery from cerebral vascular accident Dec 1957		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 WORK <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
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21. I attended the deceased from Oct 5 1957 to June 23, 1958 and last saw him alive on June 23, 1958 Death occurred at 12:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond Scott</i> (Deceased or title) D.O. 2	22b. ADDRESS Dixon, Mo.	22c. DATE SIGNED 6-25-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/1958	23c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery	23d. LOCATION (City, town, or county) (State) Dixon, Missouri
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24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc. Dixon, Missouri	25. DATE RECD. BY LOCAL REG. 6-26-58	REGISTRAR'S SIGNATURE <i>Paula Anne Anderson</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Me. J. Green R.H. H., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Fred W. Dillert

Licensed Embalmer No. 2341
P. O. Address Dixon, Missouri

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.