

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026073
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus (Rural)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 911 Huber St
3. NAME OF DECEASED (Type or print) First Middle Last Eugene Dova Scott			4. DATE OF DEATH Month Day Year July 3, 1958
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 Oct. 2, 1903
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Switchman		9b. KIND OF BUSINESS OR INDUSTRY Maintenance Man	9c. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Switchman		10b. KIND OF BUSINESS OR INDUSTRY Maintenance Man	10c. BIRTHPLACE (City and state or country) Huston, Mo.
11. BIRTHPLACE (City and state or country) Huston, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Scott		13b. MOTHER'S MAIDEN NAME Evelyn - Unknown	14. NAME OF HUSBAND OR WIFE Edith Marie Scott
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Edith Marie Scott 911 Huber St., Festus, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-operative (acute embolism) + not high putata			3 weeks
DUE TO (c) Arteriosclerosis			Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 July 1, 1958 to July 3, 1958 and last saw him alive on July 3, 1958 Death occurred at S. of A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. D. Mayfield, M.D.		22b. ADDRESS Crystal City, Mo	22c. DATE SIGNED July 3, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	23d. LOCATION (City, town, or county) (State) Alton, Mo.
24. FUNERAL DIRECTOR ADDRESS Carter Und. Co., Thayer, Mo.		25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE John A. Redon

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in Part 18. No symptoms will be listed.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUL 2 1958

NOV 14 1960

MS APR 17 1959

DATE RECEIVED

JUL 7 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 *Keith B. Vinyard*

Licensed Embalmer No. *4976*
P. O. Address *Festus, 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.