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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029707

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 824 Primary Registration District No. 3046 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California, Mo Walker — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home- 705 S Oak — Length of stay in 1b: 16 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Moniteau
c. CITY OR TOWN: California, Mo 0681 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 705 S Oak — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: William — Middle: Henry — Last: Scott

4. DATE OF DEATH: Month: Aug — Day: 17 — Year: 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 12 1878
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 3, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Missouri 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Scott
13b. MOTHER'S MAIDEN NAME: Elizabeth Birdsong
14. NAME OF HUSBAND OR WIFE: Ida Jane 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.: None
17. INFORMANT: Lewis Scott — Address: California, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 6

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Aug. 8, 1958 to Aug 17, 1958 and last saw her/him alive on Aug. 17, 1958
Death occurred at 5/30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.
22b. ADDRESS: California
22c. DATE SIGNED: 8/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/19/58
23c. NAME OF CEMETERY OR CREMATORY: Flag Spring Cemetery
23d. LOCATION (City, town, or county) (State): Rural- California, Mo

24. FUNERAL DIRECTOR — ADDRESS: Earl Bowling - California - Mo
25. DATE RECD. BY LOCAL REG.: 8/19/58
26. REGISTRAR'S SIGNATURE: H L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.