

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033295

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 16.3 Primary Registration District No. 3031 Registrar's No. 64

300

1-57

3

Secretary, coroner, and registrar 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

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DE SOTO MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DE SOTO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 S. MAIN		Length of stay in 1b 5 MIN.	d. STREET ADDRESS (If outside, give location) 210 S. MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last DAVID R. SCOTT			4. DATE OF DEATH Month Day Year SEPT 17 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 19 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY PLUMBING	11. BIRTHPLACE (City and state or country) HIGH RIDGE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LEVI SCOTT		13b. MOTHER'S MAIDEN NAME GERTRUDE TYER		14. NAME OF HUSBAND OR WIFE MABBIE SCOTT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 499 07 6356	17. INFORMANT Address William Scott DE SOTO, 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) Angina Pectoris Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4202. DUE TO (c) !!					INTERVAL BETWEEN ONSET AND DEATH Sudden 60 yrs
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"/> 2
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 1948 to 9/16/58 and last saw him alive on 9/16/58 Death occurred at A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas. E. Owen (Degree or title) 2			22b. ADDRESS DE SOTO, MO.		22c. DATE SIGNED 9/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/19/1958	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO (State)	
24. FUNERAL DIRECTOR MAHW FUNERAL HOME DE SOTO, MO ADDRESS		25. DATE RECD. BY LOCAL REG. Sept 23-1958	26. REGISTRAR'S SIGNATURE Marie Harris		

8561 6 190

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 29 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 *Harold J. Mohr*

Licensed Embalmer No. *4326*

P. O. Address *Hillsboro, 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.