. Health,
& Welfare
. Public
h Service

S. 300
1-57

0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037238
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Neosho — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) SaleeMemorial Hosp. — Length of stay in Ib 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0732 710 No. High St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Jessie Middle: Last: Scott
4. DATE OF DEATH Month Day Year: October 9, 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Oct. 30, 1890
9. AGE (In years last birthday): 67 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Herb Scott Address: Neosho, 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) Arteriosclerotic heart disease with cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200
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 [ ] NO [X] 2

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 May 1958 to Oct 9 1958 and last saw her alive on Oct 9, 1958
Death occurred at 11:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold C. Fenton M.D.
22b. ADDRESS Neosho Mo.
22c. DATE SIGNED 10-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY Gibson Cemetery
23d. LOCATION (City, town, or county) (State) Neosho, Missouri

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Neosho, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 14, 1958
26. REGISTRAR'S SIGNATURE Melvin C. Bruman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
District Health Officer No. Newton
District File Number 1958-213
Date Filed OCT 17 1958

NOV 8 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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Neosho, 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.