

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040503
STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 102

300
1-57

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 ROCK TOWNSHIP		c. CITY OR TOWN NEAR KIMMSWICK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROCK TOWNSHIP		d. STREET ADDRESS (If outside, give location) IMPERIAL RURAL ROUTE	
Length of stay in lb 14 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ERNEST SCOTT			4. DATE OF DEATH Month Day Year NOV, 23 1958		
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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 MAR. 9, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	10b. KIND OF BUSINESS OR INDUSTRY MO PAC RAILROAD	11. BIRTHPLACE (City and state or country) POPLAR BLUFF MO	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME ALEX SCOTT	13b. MOTHER'S MAIDEN NAME LOUCKEY REED	14. NAME OF HUSBAND OR WIFE GRACY SCOTT (BEAN)
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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) NO	16. SOCIAL SECURITY NO. 490 01 3805	17. INFORMANT Address GRACY SCOTT IMPERIAL MO
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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) CORONARY THROMBOSIS.		INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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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
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21. I attended the deceased from Coroner's View. and last saw her alive on _____ Death occurred at 9:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) James E. Palmer M.D. Coroner	22b. ADDRESS Imperial Mo.	22c. DATE SIGNED 11/24/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTYM MO
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24. FUNERAL DIRECTOR HEILIGTAG	ADDRESS IMPERIAL MO	25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRAR'S SIGNATURE Robert E. Bauer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 11 1958

DALE RECEIVED
DEC 6 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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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.