

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007899

STATE FILE NUMBER

FEB 24 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 474

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4685 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110a N. Clay Ave.		Length of stay in 1b 8 years	d. STREET ADDRESS (If outside, give location) 110a N. Clay Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last EBERLEY C. SCOTT			4. DATE OF DEATH Month Day Year Feb. 16, 1959		
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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 Dec. 18, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	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) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Aluminum Craft Co.	11. BIRTHPLACE (City and state or country) Trenton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lester Scott	13b. MOTHER'S MAIDEN NAME Adie Hays	14. NAME OF HUSBAND OR WIFE Minnie Scott
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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. 197-16-1151	17. INFORMANT Mrs. Minnie Scott, 110a N. Clay, Kirkwood, 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) <i>Acute Respiratory Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Tuberculous emphysema, chronic</i>		<i>yes.</i>
	DUE TO (c) <i>Chronic Bronchitis, severe</i>		<i>yes.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5020		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Death occurred at <i>Nov. 1938</i> to <i>Feb. 16, 1959</i> and last saw her alive on <i>2-16-59</i> <i>2/16/59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James C. Vest MD</i>	(Degree or title)	22b. ADDRESS <i>634 No. Bond</i>	22c. DATE SIGNED <i>2/17/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/19/59	23c. NAME OF CEMETERY OR CREMATORY Sandy Baptist Cemetery	23d. LOCATION (City, town, or county) Goldman, Mo.
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24. FUNERAL DIRECTOR <i>Louis H. Bopp, Jr.</i>	ADDRESS <i>Kirkwood</i>	25. DATE RECD. BY LOCAL REG. <i>2-18-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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(Lic. No. 105) (Palmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Francis J. [Signature]*

Licensed Embalmer No. *4512*

P. O. Address *Richmond, 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.