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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019611
24707

FILED JUN 1 1959

Registration District No. _____ Primary Registration District No. _____

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE ILLINOIS b. COUNTY SAINT CLAIR			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN O'FALLON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 12 days		d. STREET ADDRESS (If outside, give location) 408 E. 3RD ST. Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILBER Middle R. Last SCOTT			4. DATE OF DEATH Month MAY Day 12 Year 1959		
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 2/3/96	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CARLYLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME THOMAS SCOTT		13b. MOTHER'S MAIDEN NAME LILLIAN CLAUBAUGH		14. NAME OF HUSBAND OR WIFE DOROTHY SCOTT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) YES WW-I		16. SOCIAL SECURITY NO.		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, 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) ARRHYTHMIA					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE					18 MONTHS
DUE TO (c) - - - - - 420.0 - - - - -					-
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> NONE <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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. VA attended the deceased from 4/30/59 to 5/12/59 and last saw him alive on 5/12/59 Death occurred at 4:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE JOHN M. BURNS M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/12/59
23a. BURIAL, CREMATION, OR OTHER DISPOSITION XXXXXXX		23b. DATE May 15, 1959	23c. NAME OF CEMETERY OR CREMATORY O'Fallon City Cemetery		23d. LOCATION (City, town, or county) (State) O'Fallon, Illinois
24. FUNERAL DIRECTOR P.W. Schildknecht		ADDRESS O'Fallon, Illinois		25. DATE RECD. BY LOCAL REG. MAY 14 '59	26. REGISTRAR'S SIGNATURE Earl Smith: M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

Not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Phillip W. Schildknecht, Student Embalmer No. working under my personal supervision.

NOT Embalmed

Student
Signature of Student Embalmer

Signed Phillip W. Schildknecht

Illinois License No.
Licensed Embalmer No. 8549

P. O. Address O'Fallon, Illinois

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.