URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035024

FILED VS OCT 13 1959

Registration District No. 375 Primary Registration District No. 4551 Registrar's No. 35

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY WRIGHT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARTVILLE — Length of stay in 1b 2YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWN TOWN — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WRIGHT
c. CITY OR TOWN HARTVILLE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ELBERT Middle Last SCOTT

4. DATE OF DEATH Month 9 Day 28 Year 59

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 12-30-1893
9. AGE (last birthday) 65 — IF UNDER 1 YEAR Months 8 Days 30 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (City and state or country) WRIGHT CO. MO
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm. Scott
13b. MOTHER'S MAIDEN NAME ELIZA OWENS
14. NAME OF HUSBAND OR WIFE NONE

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 Address JAMES BAKER HARTVILLE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Probably Coronary occlusion
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 viewed the deceased from Sep 27, 1959 and last saw her/him alive on
Death occurred at 2:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Grable Coroner
22b. ADDRESS Mtn Grove, MO
22c. DATE SIGNED 10-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-1-59
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE Cem
23d. LOCATION (City, town, or county) (State) WRIGHT. Co., MO

24. FUNERAL DIRECTOR ADDRESS JOHN S. Simpson HARTVILLE, MO
25. DATE RECD. BY LOCAL REG. 10-9-59
26. REGISTRAR'S SIGNATURE Bonnie J. Jones

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address Box 73 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.