MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1959

59-038649
STATE FILE NUMBER

AMENDED

Registration District No. 338 Primary Registration District No. 4561 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield — Length of stay in 1b yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in route to Hosp. — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First LOUIS Middle EARL Last SCISM
4. DATE OF DEATH Month Oct. Day 6 Year 1959
5. SEX M.
6. COLOR OR RACE W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb. 2-1900
9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months 8 Days 4 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. laborer
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (City and state or country) Bloomfield, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Scism
13b. MOTHER'S MAIDEN NAME Lucy Parks
14. NAME OF HUSBAND OR WIFE Carrie Scism
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W I
16. SOCIAL SECURITY NO. 486-14-8745
17. INFORMANT Address Carrie Scism, Bloomfield, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 45 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 3 yr.
DUE TO (c) Cardiac Asthma — 2 yr.
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 attended the deceased from July 57, to Oct 6, 59 and last saw him alive on Oct 6, 59
Death occurred at 6:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stephen Fowler (Degree or title) MD
22b. ADDRESS Bloomfield, Mo.
22c. DATE SIGNED 10-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 9-1959
23c. NAME OF CEMETERY OR CREMATORY Harper Cem.
23d. LOCATION (City, town, or county) (State) Stoddard co., Missouri

24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG. 10-12-59
26. REGISTRAR'S SIGNATURE Mrs. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

VS OCT 21 1959

STATEMENT BY LICENSED EMBALMER

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

~~of~~ by Lulu Cooper #3499 ~~Student Embalmer~~ No.

~~X working under my personal supervision~~.

Student _____
Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo

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