

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

360

59-043124

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 231

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>VERNON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEVADA</u>		a. STATE <u>MO</u>		b. COUNTY <u>CEDAR</u>	
Length of stay in 1b		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSP.</u>		c. CITY OR TOWN <u>EL DORADO SPRINGS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>606 N MAIN</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR S. SCALES</u>				4. DATE OF DEATH Month Day Year <u>11 - 13 - 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-1-1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WEST PLAINS, MO</u>		11. BIRTHPLACE (City and state or country) <u>U S</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>	
13a. FATHER'S NAME <u>MINAS W. SCALES</u>			13b. MOTHER'S MAIDEN NAME <u>KATHRINE CROUSE</u>		14. NAME OF HUSBAND OR WIFE <u>NORA LEE SCALES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>YES 1904-1907</u>		16. SOCIAL SECURITY NO. <u>490-20-0062</u>		17. INFORMANT <u>MERLE RIDER</u>		Address <u>KANSAS CITY MO</u>	
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) <u>Myocardial infarction</u>							
DUE TO (b) <u>Coronary occlusion</u>							
DUE TO (c) <u>Coronary arteriosclerosis</u>							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)			
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 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. I attended the deceased from <u>1957</u> , to <u>11-13-59</u> and last saw him alive on <u>11-13-59</u> . Death occurred at <u>5:37</u> p. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert L. Inager M.D.</u>				22b. ADDRESS <u>El Dorado Springs Mo.</u>		22c. DATE SIGNED <u>11-14-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-15-59</u>		23b. DATE <u>11-15-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>EL DORADO SPRINGS MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>NAFVS FUNERA HOME EL DORADO, MO</u>			25. DATE RECD. BY LOCAL REG. <u>Nov 19-1959</u>		26. REGISTRAR'S SIGNATURE <u>Wm J Jerry</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 20 1950

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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address Edwards Spg

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.