

FILED VS NOV 20 1959

378

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Wright															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. Grove		Length of stay in 1b		c. CITY OR TOWN Hartville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. Grove Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South East - Hartville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First William Middle Marshall Last Scott				4. DATE OF DEATH Month 10 Day 10 Year 1959															
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-9-1871		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 10 Days 7		IF UNDER 24 HR Hours 1 Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Dallas Co., Mo. U.S.A.			12. CITIZEN OF WHAT COUNTRY										
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH Two months									
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 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. I attended the deceased from 9-2-1959 , to 10-10-59 and last saw ^{HER} him alive on 10-9-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE William M. Scott (Degree or title)						22b. ADDRESS My Home Mo.			22c. DATE SIGNED 10-20-59										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE OCT. 13, 1959		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery				23d. LOCATION (City, town, or county) (State)											
24. FUNERAL DIRECTOR John Simpson ADDRESS Hartville, Mo.				25. DATE RECD. BY LOCAL REG. 10-29-1959				26. REGISTRAR'S SIGNATURE Bernice R. Scherman											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Warren C. Simpson

Licensed Embalmer No. 5071
P. O. Address PO BOX 73A

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.