

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000734

FILED VS FEB 8 1960

DED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b Life	c. CITY OR TOWN Smithville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 miles So. East Smithville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Walter R. Scott			4. DATE OF DEATH Month Day Year January 23, 1960		
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-5-60	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Clay Co., Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Washington Wade Scott		13b. MOTHER'S MAIDEN NAME Malinda Ann Lott		14. NAME OF HUSBAND OR WIFE Lida May Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-42-5752	17. INFORMANT Address Mrs. Hal Farris Liberty, Mo. Rt. 1		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 12 hr (Est)
DUE TO (b) Arteriosclerotic Heart Disease					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Exposure (to weather)					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 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 7:12 pm to 7:50 pm and last saw her alive on 1-23-60 Death occurred at 7:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dice D. Waddell MD			22b. ADDRESS Smithville, Mo		22c. DATE SIGNED 1-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-26-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Clay Co., Missouri	
24. FUNERAL DIRECTOR McComas Funeral Home		ADDRESS Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 1-26-60	26. REGISTRAR'S SIGNATURE Marguerite Hudgens	

DOCUMENT

MEDICAL-CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

1860 FEB 8 3 83

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

Student _____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

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.