URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

-60-009453

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 6

ENDED

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs — Length of stay in 1b 6 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Sweet Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 109 Bridge Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Chloe Middle Jane Last Scott

4. DATE OF DEATH Month Day Year February 7, 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12-12-1882
9. AGE (last birthday) 77 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Saline County, Mo
12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Eli Smith
13b. MOTHER'S MAIDEN NAME Laura Rothrock Smith
14. NAME OF HUSBAND OR WIFE Mont Edward Scott

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 Ed. Scott, Marshall, Mo.

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)	Acute Myocardial Infarction	5 min
DUE TO (b)	Coronary Artery Sclerosis	5 years.
DUE TO (c)	Generalized arteriosclerosis.	10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 1954, to 1960 and last saw her alive on 2-7-60
Death occurred at 9:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS [signature]
22c. DATE SIGNED 2-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 10, 1960
23c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cemetery
23d. LOCATION (City, town, or county) (State) Saline County, Mo.

24. FUNERAL DIRECTOR ADDRESS L. F. Parker, Sweet Springs, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 8, 1960
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L. F. Parker

Signature of Student Embalmer

Licensed Embalmer No. 3840

P. O. Address Sweet Springs,

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.