

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 19 1960

-60-027511

Registration District No. 175 Primary Registration District No. 5645 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. # 1 Aurora		Length of stay in lb 1 day		c. CITY OR TOWN Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. # 1 Aurora			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 112 College Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Alzona Middle Scott Last Scott				4. DATE OF DEATH Month July Day 9 Year 1960					
5. SEX Female	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 March 9, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 4 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 Home		11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME James Kellett			13b. MOTHER'S MAIDEN NAME Harriett Saddler			14. NAME OF HUSBAND OR WIFE James A. 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. None		17. INFORMANT Address Marion Scott Rt. # 1 Aurora, Mo.				
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Generalized arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 20 minutes 2 year. 90 year.			
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 4:45 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 April 1, 1959 to July 8, 1960 and last saw her alive on July 8, 1960 Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) Spencer L. Kelsey, M.D.				22b. ADDRESS Aurora, Mo.			22c. DATE SIGNED July 10, 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cenetry			23d. LOCATION (City, town, or county) (State) Marionville, Missouri			
24. FUNERAL DIRECTOR ADDRESS Bradford-Surridge Marionville, Mo.				25. DATE RECD. BY LOCAL REG. 7-16-1960		26. REGISTRAR'S SIGNATURE Ora Mc Nett			

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marion

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.