URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1 1960

ENDED

Registration District No. 218 Primary Registration District No. 4330 Registrar's No.

-60-031397

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY MISSISSIPPI
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST PRAIRIE, MO. Length of stay in 1b 50 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MARTIN, ST. Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY MISSISSIPPI
c. CITY OR TOWN EAST PRAIRIE, MO. Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) MARTIN, ST. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ELMER Middle MELVIN Last SCOTT
4. DATE OF DEATH Month 8 Day 6 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-26-1882
9. AGE (last birthday) 78 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) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (City and state or country) HAMLETSBURG, ILLINOIS. USA
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN SCOTT
13b. MOTHER'S MAIDEN NAME MARY EMILY HYDE
14. NAME OF HUSBAND OR WIFE MARY FRANCES SCOTT
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. unknown
17. INFORMANT MARY F. SCOTT Address MARTIN ST. EAST PRAIRIE, MISSOURI.

MEDICAL CERTIFICATION

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 artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 1-2 yrs
DUE TO (c)
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 X
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 7/10/58, to 6/15/60 and last saw her/him alive on 6/15/60
Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Frazier (Degree or title) M.D.
22b. ADDRESS Charleston Mo.
22c. DATE SIGNED 8/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-8-1960
23c. NAME OF CEMETERY OR CREMATORY W.O.W. CEMETERY
23d. LOCATION (City, town, or county) (State) EAST PRAIRIE, MO.

24. FUNERAL DIRECTOR SHELEY FUNERAL HOME ADDRESS EAST PRAIRIE, MO.
25. DATE RECD. BY LOCAL REG. 9-25-60
26. REGISTRAR'S SIGNATURE Lucille Gregory asst

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 [illegible]

Licensed Embalmer No. 4944

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.