# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-033646

STATE FILE NUMBER

FILED VS AUG 16 1960

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 23

NDED

1. PLACE OF DEATH
a. COUNTY: Worth County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Grant City
Length of stay in 1b: 25-years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 208-West - 4th Street
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Worth
c. CITY OR TOWN: Grant City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 208-West - 4th Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Rosa Middle Belle Last Scott

4. DATE OF DEATH: Month June Day 29 Year 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Jan-29-1877

9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months 5 Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: housekeeper

11. BIRTHPLACE (City and state or country): Stockton Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James W. Scott

13b. MOTHER'S MAIDEN NAME: Lidian Jane Cronk

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no none

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Ralph Scott Grant City Missouri

MEDICAL CERTIFICATION

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) | MEDULLARY FAILURE | 12 Hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | CEREBRAL ARTERIAL OCCLUSION | 36 Hours |
| DUE TO (c) | HYPERTENSIVE ARTERIOSCLEROSIS | 20-30 YEARS |

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 1958, to JUNE 28, 1960 and last saw her/him alive on JUNE 28, 1960
Death occurred at 5:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard Lewis D.O.

22b. ADDRESS: GRANT CITY MO.

22c. DATE SIGNED: 6-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 1 1960

23c. NAME OF CEMETERY OR CREMATORY: Athelston Cemetery

23d. LOCATION (City, town, or county) (State): Athelston Iowa

24. FUNERAL DIRECTOR ADDRESS: John Andrews Grant City Missouri

25. DATE RECD. BY LOCAL REG.: August 12, 1960

26. REGISTRAR'S SIGNATURE: Leta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

12-12-43

**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 John Andrews, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant Cit

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.