

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038819

FILED VS NOV 1 1960

159

5591

141

STATE FILE NUMBER

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>JEFFERSON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VICTORIA (CENTRAL)</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>JEFF.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 MI. N. ON HILLSBORO RD.</b>		Length of stay in lb <b>48 YRS.</b>		c. CITY OR TOWN <b>VICTORIA</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <b>1 1/2 MI. N. ON HILLSBORO RD.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1 1/2 MI. N. ON HILLSBORO RD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>WILLIAM</b>		Middle <b>TUTT</b>		Last <b>SCOTT</b>		Month Day Year <b>OCT. 27 1960</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-4-1911</b>	9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE-FITTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>		11. BIRTHPLACE (City and state or country) <b>HANNIBAL Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM THOMAS SCOTT</b>			13b. MOTHER'S MAIDEN NAME <b>LOUISA M. HANMON</b>		14. NAME OF HUSBAND OR WIFE <b>JUDITH SCOTT</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-16-9850</b>		17. INFORMANT <b>JUDITH SCOTT, VICTORIA, Mo.</b>			
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) <b>Coronary Disease</b>						<b>2 yrs</b>	
DUE TO (b) <b>Essential Hypertension</b>						<b>5 yrs +</b>	
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. <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 <b>May 25-1955</b> to <b>Oct 27-1960</b> and last saw him <sup>when</sup> alive on <b>Oct 13-1960</b> . Death occurred at <b>7:30p</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Chas O Fallett MD</b> (Degree or title)				22b. ADDRESS <b>De Soto Mo</b>		22c. DATE SIGNED <b>10-28-1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-30-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN</b>		23d. LOCATION (City, town, or county) (State) <b>De Soto Mo</b>	
24. FUNERAL DIRECTOR <b>DIETRICH F. HOME, DeSoto, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-31-60</b>		26. REGISTRAR'S SIGNATURE <b>Chas O Fallett MD</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 1960

VS NOV 2 1960

**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 Donald B. Dittel

Licensed Embalmer No. 4104

P. O. Address Dad to,

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.