

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040732

ED VS NOV 7 1960 332

Registration District No. _____ Primary Registration District No. 3074

Registrar's No. 255

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 1 week		c. CITY OR TOWN East Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ARCHIE Middle W Last SCOTT				4. DATE OF DEATH Month 10 Day 21 Year 1960									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/19/12		9. AGE (last birthday) 48		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Charleston, Miss.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Archie W. Scott, Sr.				13b. MOTHER'S MAIDEN NAME Mamie Granville				14. NAME OF HUSBAND OR WIFE Leona 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. 492-12-8651		17. INFORMANT Address Mrs. Leona Scott, R.1, East Prairie 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) CIRTERIOLAR NEPHROSCLEROSIS										INTERVAL BETWEEN ONSET AND DEATH 1 yr -			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ess. HYPER TENSION, SEVERE													
DUE TO (c) CHRONIC UREMIA													
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 SEPT. 1960 to 10. 21. 60. and last saw him alive on 10. 21. 60. Death occurred at 7:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Carl G. Popp (Degree or title)				22b. ADDRESS Sikeston, Mo.				22c. DATE SIGNED 10. 21. 60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 30, 1960		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			23d. LOCATION (City, town, or county) (State) Charleston, Mo.						
24. FUNERAL DIRECTOR C.R. Sparks		ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 10-25-60		26. REGISTRAR'S SIGNATURE W. C. Hunter							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

