

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048577

VS JAN 13 1961

378

4552

#572

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn. Grove		Length of stay in 1b 20 yrs		c. CITY OR TOWN Mtn. Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 314 So MAIN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 314 So MAIN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George Washington Scott				4. DATE OF DEATH Month Day Year 12-30-60			
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-29-1865	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY Pastor		11. BIRTHPLACE (City and state or country) GAINESVILLE, MO.		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Flemmon Scott			13b. MOTHER'S MAIDEN NAME Phoebe James		14. NAME OF HUSBAND OR WIFE MARY S. 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 Arthur Scott Mtn. Grove 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 Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Not known
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 June 1960 to Dec 30 1960 and last saw him ^{her} alive on Dec 15, 60 Death occurred at 12:01 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) [Signature] MD				22b. ADDRESS Mountains Grove mo		22c. DATE SIGNED 1-4-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-1-1961	23c. NAME OF CEMETERY OR CREMATORY Mtn Valley Cemetery		23d. LOCATION (City, town, or county) (State) Mtn. Grove, Mo.			
24. FUNERAL DIRECTOR ADDRESS Ewell C. CRAIG Mtn. Grove Mo		25. DATE RECD. BY LOCAL REG. 1-5-1961		26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Date received
1-9-61*

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 *Nevell C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *Mt. St.*

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