

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008587

STATE FILE NUMBER

AMENDED

Registration District No. 142 Primary Registration District No. 3386 Registrar's No. 12

FILED APR 3 1961

| | | | | | | | |
|--|--|--|---|---|---|---|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Howell</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Goldsberry Township</u> | | a. STATE <u>Mo.</u> | | b. COUNTY <u>Howell</u> | |
| Length of stay in lb | | c. CITY OR TOWN <u>Mountain View</u> | | d. STREET ADDRESS (If outside, give location) | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mtn. View, Mo. Route 2</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Gordon</u> Middle <u>Elmer</u> Last <u>Scott</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/31/12</u> | 9. AGE (last birthday) <u>48</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Scummill</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Delta, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Gordon Herbert Scott</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rosa Lee LeBrand</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bessie Bay Scott</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT Address <u>Bessie Scott --- Mtn. View, Mo. Box 88</u> | | |
| 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) <u>self-inflicted 22 cal. rifle</u> | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| DUE TO (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 checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input checked="" type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>gun barrellin mouth</u> | | | |
| 20c. TIME OF INJURY Hour <u>8:30</u> p.m. Month, Day, Year <u>3-26-61</u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Mtn. View, Howell, Missouri</u> | | COUNTY STATE | |
| 21. I attended the deceased from <u>March 26, 1961</u> to <u>March 26, 61</u> and last saw <u>her</u> alive on _____ Death occurred at <u>7:30</u> to <u>8:30</u> <u>p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Frank Cook Coroner</u> | | | | 22b. ADDRESS <u>West Plains, Missouri</u> | | 22c. DATE SIGNED <u>3-29-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3/30/61</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u> | | 23d. LOCATION (City, town, or county) (State) <u>Mtn. View, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>3-31-1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles D. Bastian

Licensed Embalmer No. 5187

P. O. Address W. H. W. W. W.

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