

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040829

STATE FILE NUMBER

AMENDED

Registration District No. 133 Primary Registration District No. 3422 Registrar's No. 147

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 20 1961

1. PLACE OF DEATH
 a. COUNTY Harrison
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany
 Length of stay in lb 15 yrs.
 c. CITY OR TOWN Bethany mo
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) County Home.
 Inside Limits Yes No
 Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
 a. STATE mo b. COUNTY Harrison

3. NAME OF DECEASED (Type or print) First Middle Last
Samuel Bertrand Scott
 4. DATE OF DEATH Month Day Year
11-14-61

5. SEX male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 7-5-74 9. AGE (last birthday) 87
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
4 9

10a. USUAL OCCUPATION (Give kind of work done and most of working life, even if retired) Retired Farmer
 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state or country) Ridgeway - Rural Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME William Scott 13b. MOTHER'S MAIDEN NAME Nancy Sutton 14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No
 16. SOCIAL SECURITY NO. No 17. INFORMANT Dean Scott - Ridgeway Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypostatic Pneumonia
 DUE TO (b) Chronic Bronchiectasis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Debility
 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 Month, Day, Year
 a.m. p.m.

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 10-10-61 to 11-14-61 and last saw him alive on 11-14-61
 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. M. Mottye (Degree or title) D.O. 22b. ADDRESS Bethany, Missouri 22c. DATE SIGNED 11-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-15-61 23c. NAME OF CEMETERY OR CREMATORY Geniee Ridge Cemetery 23d. LOCATION (City, town, or county) (State) Ridgeway mo

24. FUNERAL DIRECTOR Robert P. Boggs, Ridgeway Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 11-15-1961 26. REGISTRAR'S SIGNATURE Jella Masey

(Licensed Embalmer's Statement on Reverse Side)

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 Robert R Boggers

Licensed Embalmer No. 9576

P. O. Address Ridgeway St

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.