

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000938

STATE FILE NUMBER

AMENDED

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 65

FILED JAN 24 1962

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| 1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>DeKalb</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maysville</u> | | Length of stay in 1b <u>2 months</u> | c. CITY OR TOWN <u>Union Star</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunset Nursing Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>(No Street Add.)</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Edgar</u> Middle <u>Cupid</u> Last <u>Scott</u> | 4. DATE OF DEATH Month <u>January</u> Day <u>8</u> Year <u>1962</u> |
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| 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>11/6/80</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Op.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u> | 11. BIRTHPLACE (City and state or country) <u>Andrew County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>William Scott</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Powell</u> | 14. NAME OF HUSBAND OR WIFE <u>Lou I. Scott</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Lou Scott</u> Address <u>Union Star, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> |
| 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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| 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 checked="" 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 _____ |
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21. I attended the deceased from Nov 1961 to Jan 8 1962 and last saw him alive on 10:10 P. on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at _____

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| 22a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>Maysville, Mo.</u> | 22c. DATE SIGNED <u>1/16/62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1/11/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Star Cem.</u> | 23d. LOCATION (City, town, or county) <u>Union Star, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Harold E. Keated</u> | ADDRESS <u>King City, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-19-62</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 Harold E. Hoedel

Licensed Embalmer No. 4609

P. O. Address King City, Mo.

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.