MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-015778
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 165 Primary Registration District No. 5610 Registrar's No. 3

FILED MAY 4 1962

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Twn.
Length of stay in 1b: 46 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 miles North of Windsor, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Johnson
c. CITY OR TOWN Windsor, Route 1
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8 miles North of Windsor
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Thomas Middle: W. Last: Scott

4. DATE OF DEATH Month: April Day: 16 Year: 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-8-1880
9. AGE (last birthday): 81
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): farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Pettis County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Scott
13b. MOTHER'S MAIDEN NAME: Mary E. Janney
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Guy Scott Address: Route 1 Windsor, 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) Ventricular and Respiratory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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. ☐ 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 a.m. p.m. Month, Day, Year
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 2-5-51 to 4-16-62 and last saw her/him alive on 4-16-62
Death occurred at 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Claude M. Shirbs (Degree or title) MD
22b. ADDRESS Windsor, Mo.
22c. DATE SIGNED 4-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-19-62
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak
23d. LOCATION (City, town, or county) Windsor, Mo. (State)

24. FUNERAL DIRECTOR Ellis M. Huston ADDRESS Windsor, Mo.
25. DATE RECD. BY LOCAL REG. 4/29/62
26. REGISTRAR'S SIGNATURE J. Wood

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0510		
2	0516		
3			
4	0		
5	0		
6			
7	0		
8	0		
9	151X		
10			
11			
12	0-0		
13	2-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Ellis M. Hunter

Signature of Student Embalmer

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.