

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024223

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 292

Primary Registration District No.

Registrar's No.

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Ralls.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry, Missouri.</b>		c. CITY OR TOWN <b>Hannibal, Missouri.</b>	
Length of stay in 1b <b>10 Days</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry, Missouri.</b>		d. STREET ADDRESS (If outside, give location) <b>Perry, Missouri.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>NEVILLE</b> Last <b>SCOTT</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-26-11</b>
9. AGE (last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>50</b> Days <b>50</b> Hours <b>50</b> Min. <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Implement Co.</b>	
11. BIRTHPLACE (City and state or country) <b>Perry, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>L.E. Scott.</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Evans</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Scott.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-07-5539</b>	
17. INFORMANT <b>Mrs Ida Reynolds.</b>		Address <b>Perry, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Failure</b> DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
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 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 <b></b> a.m. <b></b> p.m. <b></b>	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 <b>Perry, Missouri.</b>	
20g. COUNTY <b>Perry, Missouri.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>June 6</b> to <b>June 13</b> and last saw him alive on <b>June 13 1962</b> Death occurred at <b>1:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ernest T. Swan</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Perry, Missouri.</b>	
22c. DATE SIGNED <b>6-15-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-15-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery.</b>	
23d. LOCATION (City, town, or county) <b>Perry, Missouri.</b>		(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Clyde B. Wainwright</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Clyde B. Wainwright</b>			

(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

*Clyde W. Perry*

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.