

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039701

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 403

DO NOT WRITE ON THIS STUD

AMENDED

FILED NOV 13 1962

1. PLACE OF DEATH
 a. COUNTY **Pettis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Sedalia** Length of stay in lb **2 1/2 years**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Community Nursing Home** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Pettis**
 c. CITY OR TOWN **Sedalia** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1601 South Sneed** Reside on Farm Yes No

3. NAME OF DECEASED First **STELLA** Middle **FRANCES** Last **SCOTT** 4. DATE OF DEATH Month **November** Day **6**, Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4/19/1868** 9. AGE (last birthday) **94** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Calloway County, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William L. Hendrix** 13b. MOTHER'S MAIDEN NAME **Catherine Craighhead** 14. NAME OF HUSBAND OR WIFE **Deceased Thomas Leslie Scott**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Mrs. Earl Orr, 1601 South Sneed,** Address **Sedalia, 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) **Cerebral Hemorrhage**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arterio Sclerosis + Hypertension**
 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 _____ 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 **Oct 30, 1962** to **Nov 6, 1962** and last saw her alive on **11/5/62**. Death occurred at **3:40** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J.W. Boger M.D.** 22b. ADDRESS **Sedalia Mo** 22c. DATE SIGNED **11/7/62**

23a. BURIAL - CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11/8/1962** 23c. NAME OF CEMETERY OR CREMATORY **Longwood Cemetery** 23d. LOCATION (City, town, or county) **Longwood, Missouri** (State) _____

24. FUNERAL DIRECTOR **Francis Shelby per H. Anderson** ADDRESS **Sedalia, Mo.** 25. DATE RECD. BY LOCAL REG. **Nov. 8, 1962** 26. REGISTRAR'S SIGNATURE _____

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS 300 Rev. 4/59

1 0808

2 0808

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9 331X

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11

12 86-0

13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

DEC 5 1962

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Secalia, 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.